No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DELAYED

State File No. 42483

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5560 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burnham
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burnham
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Arnett
c. (Last): BENNETT Sr.

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1948.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 5, 1889
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 5, Days 21 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dumont, Iowa.
12. CITIZEN OF WHAT COUNTRY?: No
13a. FATHER'S NAME: Martin Bennett
13b. MOTHER'S MAIDEN NAME: Amelia Bond
14. NAME OF HUSBAND OR WIFE: Hattie Bennett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 500-01-4795 ~~Unknown~~
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Hattie Bennett, Burnham, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

53E

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2½ Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None.
DUE TO (c) None.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g. In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 23, 1948 *to* Dec 12, 1948, *that I last saw the deceased alive on* Dec 12, 1948, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard E. Brown MD
23b. ADDRESS: Willow Springs, Mo
23c. DATE SIGNED: Dec 28 48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/29/48.
24c. NAME OF CEMETERY OR CREMATORY: Willow Spgs. City
24d. LOCATION (City, town, or county) (State): Willow Springs, Missouri.

DATE REC'D BY LOCAL REG.: 12/29/48
REGISTRAR'S SIGNATURE: Marshall Ballard 387
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Burns Funeral Home, Willow Spgs., Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-7-49
District Health Officer No. 5,
District File Number 14921
Date Filed 1-20-49

SEP 19 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Signed T. R. Burns, T. R. Burns

Signed _____
Student Embalmer

Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

o. 2B
-3-45
X43880

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Fel.

Registration District No. 143 Primary Registration District No. 5560 Registrar's No. 82

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Burnham
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank A. Bennett
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased July 26, 1889 (Month) (Day) (Year)
8. AGE: Years 59 Months 5 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Iowa (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 14 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Unknown — No autopsy performed.	max
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Thought to be abdominal carcinoma	
Of autopsy 55E	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. E. Musser (M. D. or other)
Address Date signed

SUPPLEMENTARY

5-42483