

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8032

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 347

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>	
c. LENGTH OF STAY (in this place) <u>43 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>1120 E. COMMERCIAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1120 E. COMMERCIAL</u>			
3. NAME OF DECEASED a. (First) <u>FRED</u> b. (Middle) <u>W.</u> c. (Last) <u>BENNETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 14 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 22, 1882</u>
9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>22</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>USED CAR DEALER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>USED CAR DEALER</u>	
11. BIRTHPLACE (State or foreign country) <u>SPRINGFIELD, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE BENNETT</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA CONNER</u>	
14. NAME OF HUSBAND OR WIFE <u>ESSIE BENNETT Spqfd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES H. BENNETT Spqfd.</u>		18. ADDRESS <u>Spqfd.</u>	
18. NO. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis, generalized</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of rectum</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>154X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>V</u>			
22. I hereby certify that I attended the deceased from <u>Oct., 1942</u> , to <u>14 March, 1949</u> , that I last saw the deceased alive on <u>12 Mar., 1949</u> , and that death occurred at <u>2:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Samuel E. Kraft, M.D., U.</u>		23b. ADDRESS <u>1630 N. Jefferson</u>	
23c. DATE SIGNED <u>14 Mar 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAR. 15, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3/15/49</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingner & Co.</u>		ADDRESS <u>Springfield</u>	

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

39
2
6

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.....

Ogle Stone Jr.

.....
Student Embalmer

.....

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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.