S. No. 300
v. 10.48

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

FILED NOV 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33260

1949

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5219 Registrar's No. 161

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Camp Branch
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Camp Branch
d. STREET ADDRESS (If rural, give location): 3 mi N.W. of East Lynne

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Henry
c. (Last): Bennett

4. DATE OF DEATH (Month) (Day) (Year): Oct 26 1949

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr 15 1882
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 6 Days 11 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Active
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): East Lynne Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Bennett
13b. MOTHER'S MAIDEN NAME: Lydia Walters
14. NAME OF HUSBAND OR WIFE: Cora (Stanley) 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.: None
17. INFORMANT'S SIGNATURE OR NAME: Lydia Kern, Hisle — ADDRESS: Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: ✓

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION: –
19b. MAJOR FINDINGS OF OPERATION: –
20. AUTOPSY? YES ☐ NO ☑

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* Aug 24 1949, *to* Oct 25, 1949, *that I last saw the deceased alive on* Oct 25, 1949, *and that death occurred at* 6:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul H. Green (Degree or title) D.O.
23b. ADDRESS: Harrisonville, Mo.
23c. DATE SIGNED: 10/28/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 28 49
24c. NAME OF CEMETERY OR CREMATORY: Titts Chapel Cem
24d. LOCATION (City, town, or county) (State): East Lynne Mo

DATE REC'D BY LOCAL REG.: Oct. 29, 1949
REGISTRAR'S SIGNATURE: Lana J. Jones
51
25. FUNERAL DIRECTOR'S SIGNATURE: Atkinson Bros
ADDRESS: Harrisonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Student _____
Student Embalmer

Signed Floyd A. Hutson

Licensed Embalmer No. 3820

P. O. Address Harrisonville 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.