

REC'D JUN 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18364
Do not use this space.

1. PLACE OF DEATH

(a) County Nenny
(b) Township Beale
(c) City Burlington Mo
(e) Length of residence in city or town where death occurred yrs. mos. ds.

2
1 Registration District No. 348
Primary Registration District No. 5486

Registered No. 290

2. PRINT FULL NAME

(a) Residence, No. John Milton Bennett St.
(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ullie S. Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1855

7. AGE YEARS 82 MONTHS 5 1/2 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Fairfield (STATE OR COUNTRY) Benton Co. Mo.

FATHER 13. NAME John M. Bennett

14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY) Logan Co

MOTHER 15. MAIDEN NAME Martha Ham

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Jewell Moree
Brownington, Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE May 25 1938

19. FUNERAL DIRECTOR (NAME) C. A. Pickett (ADDRESS) Brownington Mo

20. DATE OF DEATH May 28 1938 Local Registrar. C. D. Taylor, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25 1938 to May 26 1938
I last saw him alive on May 25 1938 Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:

Cardiac Dropsy Date of onset unknown
Other contributory causes of importance: AS

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) C. D. Taylor, M.D.
C. D. Taylor, M.D. (Address) Brownington, Mo. 313

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death should be extremely supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.