

FILED SEP 19 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28685

Registration District No. 391

Primary Registration District No. 4230

Registrar's No. 51

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

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Ironton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days 5 30

3. (a) PRINT FULL NAME William Franklin Bennett

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Effie Bennett 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 30, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 11 5 hr. min.

9. Birthplace Reynolds Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William C. Bennett

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Mann

15. Birthplace Reynolds Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant M. M. Bennett

(b) Address 5346 Lotus Ave. St. Louis Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 6, 40 (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) Aug-7-40 (Date registered local registrar) (b) Julia A. Stanton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds

(c) City or town Redford (If outside city or town limits write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1940 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 4, 1940 to Aug. 4, 1940

that I last saw him alive on Aug. 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_ (Specify type of place) While at work?

23. Signature Ben W. Bull (M. D. or other) M. D.

Address Ironton, Mo. Date signed 8-6-40

**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 Arnell White

Licensed Embalmer No. 3012

P. O. Address Winston Hill

**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.**