MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
31072
4103

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: — Registered No.:

City: Kansas City (No. 902 Ward Parkway 1002 St. Ward)

2. FULL NAME: John G. Bennett

(a) Residence. No. 902 Ward Parkway St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Myrtle Bennett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 5, 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
36	10	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Sales Manager
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Richard Hudnut Company

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: John Bennett
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Amanda Packard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Illinois

14. INFORMANT: Mrs Alice Adkins
(Address): 902 Ward Parkway

15. FILED 10-2, 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 30th 1929

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at 1930 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Homicide, fire arm
173
173
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Shot by Mrs
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Stanley McHaffie, M. D.
9/30, 1929 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Carmi, Illinois — DATE OF BURIAL: Oct. 2, 1929

20. UNDERTAKER: R. V. Lindsey & Sons, Inc. — ADDRESS: Kansas City Mo