

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

44109
Do not use this space.

DEC'D JAN 18 1939

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township 1 Primary Registration District No. 3032
(c) City Sedalia (d) Street No. 1100 S. Harrison St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas George Wain Bennett

(a) Residence, No. 1100 S. Harrison St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Amanda Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 18

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

FATHER 13. NAME Thomas Wain Bennett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Georgiana Dun
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT Henry Salveter, Atty.
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago Ill. DATE Dec. 28, 1938

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED 12-28-38 Mrs. Harry Sued
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1938

22. I HEREBY CERTIFY. That I attended deceased from not as all to not as all, 19.....

I last saw h. not as all alive on Jan 6, 1938, 19..... Death is said to have occurred on the date stated above, at 6:30 a.m. on 27/1938

The principal cause of death and related causes of importance were as follows:

Pistol bullet through head
Date of onset Jan 27 1938
167
am

Other contributory causes of importance: none

Name of operation none Date of none
What test confirmed diagnosis? chest x-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury Dec 27, 1938
Where did injury occur? his place of business 1100 Harrison and Central Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. his place of business

Manner of injury gun shot wound in head
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify reputable Crown
(Signed) Chas. J. ... M. D.
(Address) 227 ... Mo.,

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/14/39

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

Ernest Gillespie

Licensed Embalmer No.

771

P. O. Address

Sideline

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.