

1939 OCT 19

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

32118
Do not use this space.

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1. PLACE OF DEATH
(a) County Cass 2 Registration District No. 15-6
(b) Township _____ Primary Registration District No. 4090 Registered No. 49
(c) City Harrisonville 1 (d) Street No. _____ 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 19 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 536 Addie May Bennett
(a) Residence, No. _____ 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 Female
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 Jackson T. Bennett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 - 1866
7. AGE YEARS 73 MONTHS 80 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home-maker
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) Leppsburg (STATE OR COUNTRY) Missouri

FATHER 13. NAME Geo. Alexander Caff

FATHER 14. BIRTHPLACE (CITY OR TOWN) Pennsylvania (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Margaret Stone

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Monroe Co Mo. (STATE OR COUNTRY) _____

17. INFORMANT Etha Bennett Fox (ADDRESS) 2017 Sandusky R.C. Kasst

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill R.C. Mo. DATE 9/9 1939

19. FUNERAL DIRECTOR (NAME) Rammberg (ADDRESS) Harrisonville Mo.

20. FILED 9/8 1939 J.E. Wensley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1939

22. I HEREBY CERTIFY That I attended deceased from Sept 2 1939 to Sept 7 1939
I last saw him/her alive on Sept 7 1939. Death is said to have occurred on the date stated above, at 1:00 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
General Arterial Sclerosis
Chronic Nephritis

Other contributory causes of importance: 1/2

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) W. H. Meatt M. D.
(Address) Harrisonville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 R. Runnenbuehler*

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville*

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.