

V. S. No. 2
FORM-11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11017
Registrar's No. 324

Registration District No. 318

Primary Registration District No. 2001

39
3
6

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1632 S. Florence
(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

8. (a) PRINT FULL NAME Clarence H. Bennett 530

8. (b) If veteran, name war World War 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Berbiece Bennett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 24 1894
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
46		1	8	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

12. Name Unknown

18. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brown

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Berniece Bennett
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National

18. (a) Signature of funeral director H. H. Lohmeyer 290
(b) Address Springfield, Mo.

19. (a) 4/4/40 (b) Chas. A. George
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1632 S. Florence
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

20. DATE OF DEATH: Month April day 2
year 1940 hour 4 minute 40 p. M.

21. I hereby certify that I attended the deceased from April 2
1940, to April 2, 1940
that I last saw him alive on April 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart of atherosclerotic disease

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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

23. Signature W. Deibel (M. D. or other) W.D.
Address Springfield Mo Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Walter E. Hamelton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

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.

X