

Registration District No. **609**

Primary Registration District No. **5808**

Registrar's No. **84**

REC'D JUL 17 1940

1. PLACE OF DEATH:  
 (a) County **NEWTON**  
 (b) City or town **NEOSHO RURAL**  
 (c) Name of hospital or institution:  
**COUNTY INFIRMARY**  
 (d) Length of stay: In hospital or institution **3**  
 In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MISSOURI** (b) County **NEWTON**  
 (c) City or town **NEOSHO RURAL**  
 (d) Street No. **COUNTY INFIRMARY**  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **JACK BENNETT 530**

3. (b) If veteran, name war \_\_\_\_\_ 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 **Unknown** (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased **Unknown 1857**

8. AGE: Years **83** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **KANSAS**

10. Usual occupation **FARMER**

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

MOTHER FATHER { 12. Name **HENRY BENNETT**  
 13. Birthplace **Unknown Unknown**

MOTHER FATHER { 14. Maiden name **ELLA**  
 15. Birthplace **Unknown Unknown**

16. (a) Informant's own signature **Infirmary Records**  
 (b) Address \_\_\_\_\_

17. (a) **BURIAL** (b) Date thereof **June 20 1940**  
 (c) Place: burial or cremation **County Cemetery**

18. (a) Signature of funeral director **Billy Thompson**  
 (b) Address **Neosho Mo**

19. (a) **7-8-40** (b) **Frank Schmitt**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **19**  
 year **1940** hour **10** minute **15 PM.**

21. I hereby certify that I attended the deceased from **May 1-1940**  
 that I last saw **him** alive on **June 15**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Chronic nephritis & Arterio Sclerosis**  
 Due to **Senility**  
 Due to **12/21**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **none**  
 Of autopsy **none**

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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? **54**  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **HP Lanning** (M. D. or other) \_\_\_\_\_  
 Address **Neosho Mo** Date signed **7-6-40**

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

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

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.

RECEIVED

District Health Officer No. 8,

District File Number 740-2389

Date Filed JUL 15 1940

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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.....

*Corey Thompson*

Licensed Embalmer No. 3259

P. O. Address.....

*Desko 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.