

No. 2  
4-13-40  
5-17-39  
P1 X23159

AUG 16 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Stromout  
25476

State File No. \_\_\_\_\_

Registration District (No. 407) Primary Registration District No. 5-1-1A Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: \_\_\_\_\_  
(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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town R# 1 Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Wm Standfield Bennett  
(b) If veteran name Spanish American (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 21st  
year 1940 hour 8:15 minute AM

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Clara Mae Bennett  
6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased Sept 11 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 19 1940 to July 21 1940  
(If I last saw him alive on July 16 and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 10 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Acute alcoholism  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Dequon Tenn (City, town, or county) Tenn (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 75%  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
12. Name Franklin M Bennett  
13. Birthplace Brentwood Tenn (City, town, or county) (State or foreign country)  
14. Maiden name Theresa Standfield  
15. Birthplace Tenn (City, town, or county) (State or foreign country)

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? 367  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

16. (a) Informant Miss Clara M Bennett  
(b) Address R# 1 Joplin  
17. (a) Removed (b) Date thereof July 23 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cleaveland Okla.  
18. (a) Signature of funeral director W. H. H. H. Co  
(b) Address W. H. H. Co  
19. (a) July 22-1940 (b) J. W. Clark  
(Date received local registrar) (Registrar's signature)

23. Signature R. M. Stromout (M. D. or other) \_\_\_\_\_  
Address Webb City - Mo Date signed 7/22/40

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

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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 myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wayton W. Johnston

Licensed Embalmer No. 3, 922

P. O. Address: Webb City, 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, fact should be so stated above.