

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.

Registration District No. 318 Primary Registration District No. 2001

Registrar's No. 853

NOV 12 1940

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: Mt. Pythian Home 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution One year (Specify whether years, months or days)  
 In this community One year

8. (a) PRINT FULL NAME JOSEPH BENNETT  
 3. (b) If veteran, name war No 8. (c) Social Security No. 160

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Alice Bennett 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased May 26 1858  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business Same

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant's own signature E. A. Gay

(b) Address Pythian Home Sp. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/17/40  
 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director W. E. Handley

(b) Address Springfield, Mo.

19. (a) 10-17-40 (Date received local registrar) (b) W. E. Handley MD (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. Mt. Pythian Home (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? Unknown years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16 year 1940 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Sept 1 1940 to Oct 16 1940; that I last saw him alive on Oct 16 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia  
(Dementia)

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 97

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? \_\_\_\_\_ (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) Means of injury \_\_\_\_\_

23. Signature William R. Bette (M. D. or other) \_\_\_\_\_  
 Address Springfield Mo. Date signed 10/17/1940

Duration 30 days  
 years \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

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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.....

Licensed Embalmer No. 3681

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.**