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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38760

Registration District No. 318 | Primary Registration District No. 5440 | Registrar's No. 894

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: Route 9 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 7/

FILED DEC 10 1940

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. Route 9, Oak Grove Lane (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edgar A. Bennett
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Bennett
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased September 17, 1866 (Month) (Day) (Year)

8. AGE: Years 74 | Months 1 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Oswego (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farmer
MOTHER FATHER
12. Name Lyman Bennett
13. Birthplace Unknown (City, town, or county) New York (State or foreign country)
14. Maiden name Melissa Lyon
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs Bessie Bennett
(b) Address Route 9, Springfield
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-40 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director Alpha Johnson
(b) Address Springfield Mo
19. (a) 11-6-40 (Date received by local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3 year 1940 hour 10: minute 5:0 P.M.
21. I hereby certify that I attended the deceased from Feb. 17 1940, to Nov. 3, 1940, that I last saw him alive on Oct. 31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death
1. Arteriosclerotic heart disease — Duration
Due to
Due to
Other conditions Chronic Osteoarthritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations No
Of autopsy No

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence No
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? — (e) Means of injury —
23. Signature Malcolm K. Lingner (M. D. or other) M.D.
Address Springfield, Mo Date signed 11-5-40

(Licensed Embalmer's Statement on Reverse Side)

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. 3444

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.