

JAN 25 1941

Registration District No. **773**

Primary Registration District No. **6023**

Registrar's No. **202**

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

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **DOE RUN RURAL PENNELL TOWNSHIP**
(If outside city or town limits, write "RURAL" and name of township)
(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 **Three years** years, months or days _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**
(c) City or town **DOE RUN**
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **10th**
year **1940** hour **2** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **While on motorcycle coming from Doe Run to Farmington on Highway W. by colliding with bridge girder Due to Crossing with St. Francois River unavoidable accidental Death**
Duration _____
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **211-711**
Major findings: Of operations _____
Of autopsy _____
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) **accident**
(b) Date of occurrence **Dec 10, 1940**
(c) Where did injury occur? **Highway W St. Francois Co**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury **motor**
23. Signature **Geo Diemer** (M. D. or other)
Address **Flat River mo** Date signed **12.10.40**

3. (a) PRINT FULL NAME **IRA EVERETT BENNETT**
3. (b) If veteran **World War** name 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 **Nettie Marie Bennett** 6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **Dec 17 1895**
(Month) (Day) (Year)

8. AGE: Years **45** Months **1** Days **23** If less than one day hr. _____ min. _____

9. Birthplace **Cornwall mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **merchant**

11. Industry or business **mercantile**

12. Name **James B. Bennett**
13. Birthplace **Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **Edna B. Davis**
15. Birthplace **Hollings Co mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **H. C. Bennett**

(b) Address **Doe Run, Mo.**

17. (a) **burial** (b) Date thereof **Dec 12 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fredricktown, Mo**

18. (a) Signature of funeral director **Farmington, Mo**
(b) Address _____

19. (a) **Dec 11-1940** (b) **B. J. Robinson**
(Date received local registrar) (Registrar's signature)

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..... *C. H. Cozart*
Licensed Embalmer No..... *24084*
P. O. Address..... *Farmington*

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.