

V. S. No. 2
M-11-10-39
rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

049
682

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community _____

8. (a) PRINT FULL NAME Clarence Craig Bennett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased December 23 1918
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>23</u>	<u>9</u>	<u>22</u>	_____ hr. _____ min.
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9. Birthplace Galena, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business Welder @ Eagle Picher Smelter

MOTHER FATHER

12. Name Mr. Clarence K. Bennett

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

14. Maiden name E. Sarah C. Craig

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

16. (a) Informant Mr. Wm. A. Craig

(b) Address Missouri Ave

17. (a) Removal (b) Date thereof 10-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill - Galena Kan

18. (a) Signature of funeral director John Underberg

(b) Address Galena, Kansas

19. (a) 10-19-41 (b) Ed W. James
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee

(c) City or town Galena
(If outside city or town limits, write "RURAL")

(d) Street No. W. 16th
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1941 hour 4:30 minute PM

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him did not see him alive alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral skull fracture, crushed chest

Due to Automobile accident
taxi cab collided head on

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

1700-6
221

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct 14 41

(c) Where did injury occur? Joplin, Jasper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fed Highway 766

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. H. Webster (M. D. or other) Coroner

Address Carthage Mo Date signed Oct 17

41-11-937

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.