

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 8 1942  
Registration District No. 100

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 79

Primary Registration District No. 390

33  
0  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Dent  
(b) City or town Rural - Spring Creek Townsh.  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Dent  
(c) City or town Rural - Spring Creek Township  
(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

8. (a) PRINT FULL NAME Thomas Gabriel Bennett  
8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 11  
year 1942 hour 1:30 minute P. M.  
21. I hereby certify that I attended the deceased from 3/10/42 to 11/6/42  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
6. (b) Name of husband or wife Lora Bennett  
7. Birth date of deceased April 6 - 1866  
(Month) (Day) (Year)

8. (a) Single, widowed, married, divorced m  
6. (c) Age of husband or wife if alive 73 years  
Immediate cause of death Carcinoma of sigmoid  
finger - left chest  
lymphatic connect  
fls. of lungs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

8. AGE: Years 76 Months 7 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name William J. Bennett  
13. Birthplace Tenn (City, town, or county) (State or foreign country)  
14. Maiden name Emma K. Cannon  
15. Birthplace Tenn (City, town, or county) (State or foreign country)

Major findings: Of operations as stated above  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Donald E. Bennett  
(b) Address Salem Mo

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 11-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Springer Cem.

18. (a) Signature of funeral director Hubert Shaulther  
(b) Address Salem Mo

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_  
23. Signature L. H. Hunt (M. D. or other)  
Address Salem Mo Date signed 11/13/42

19. (a) 11-13-42 (b) J. W. McLeod by Miss  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Registrar No. \_\_\_\_\_

District File Number 12421043

Date Filed 12-7-42

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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

*Hayd W. Ford*

Licensed Embalmer No. 2910

P. O. Address Salina 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.**