

No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

29360

State File No. _____

FILED SEP 6 1946
Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 104

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(c) Name of hospital or institution
575 N. Cedar St. 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 _____ years, months or days) 2 yrs.

3. (a) PRINT FULL NAME W. L. Bennett
(b) If veteran, name war no
(c) Social Security No. no

4. Sex male 5. Color or race white
6. (a) Single, widowed, married; divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased March 18, 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 8 If less than one day
hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name John Bennett
13. Birthplace Mo (City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. L. Juby
(b) Address Nevada, Mo.

17. (a) Removal (b) Date thereof Aug. 28-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Winkler, Mo.

18. (a) Signature of funeral director Eichinger Funeral Home
(b) Address Nevada, Mo.

19. (a) 8-28-46 (b) Walter Jancy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Vernon ¹⁰⁸
(c) City or town Nevada (If outside city or town limits, write "RURAL") ¹
(d) Street No. 575 N. Cedar (If rural, give location) ²
(e) Citizen of foreign country? no (Yes or No) ⁰
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26th
year 46 hour 70 minute 9 A.M.
21. I hereby certify that I attended the deceased from March 13
1945 to August 26 1946
that I last saw him alive on Aug 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus Duration 9 hrs
Due to _____

Due to _____
Other conditions Chronic Myocarditis 3 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None
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) _____
(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. L. Juby (M.D. or other) _____
Address Nevada, Mo. Date signed 9/26/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
28197

RECORDED
District Health Officer No. 7
District No. _____
Date Filed _____

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 Marsh Eichegger
Licensed Embalmer No. 2656
P. O. Address Dwads, 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, fact should be so stated above.