

No. 2
12-45
-17-39
*47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37319

FILED DEC 9 1946

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 172

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Greenwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 Blocks South Of Post Office
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Years (Specify whether years, months or days)
In this community 5 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Greenwood
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Blocks South Of Post Office
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) **PRINTED FULL NAME** Morton Earl Bennett

3. (b) If veteran, name war No. 3. (c) Social Security No. 487-09-3846

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dorothy Bennett 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Nov. 5 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 0 20 hr. min.

9. Birthplace Mountain Oak Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Chevrolet Plant K.C. MO.

MOTHER FATHER { 12. Name Morton Bennett

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

14. Maiden name Mayme Conley
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Dorothy Bennett
(b) Address Greenwood Mo.

17. (a) Burial (b) Date thereof 11/27, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit Mo.
(d) Signature of funeral director W.B. Kangerford

(e) Address Lee's Summit Mo.
19. (a) NOV 27, 1946 (b) Donald C. Emschaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25
year 1946 hour 5:00 minute a M.

21. I hereby certify that I attended the deceased from Nov 19 19... to Nov 25 19...
that I last saw him alive on Nov 25 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by hanging
Due to hanging

Other conditions 164 A
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy Heart & Lung

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 11-25-'46
(c) Where did injury occur? Greenwood Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home
(Specify type of place)
While at work? no (e) Means of injury None

23. Signature Donald C. Emschaw (M. D. or other) 3
Address 1424 W. 11th Date signed 11-25-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

378

(Licensed Embalmer's Statement on Reverse Side)

DEC 9 1946

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

W. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.