

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13054**  
Registrar's No. \_\_\_\_\_

Registration District No. 113 Primary Registration District No. 4185

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town St. Clair, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
In front of St. Clair depot. 3  
(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. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Franklin 36  
(c) City or town St. Clair 3  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Lee Bennett  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 day 2  
year 1947 hour 12:45 minute 2 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.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 19 1928  
(Month) (Day) (Year)

Immediate cause of death Fracture of skull  
Due to Being struck by train in St. Clair Mo.  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
18 11 11 hr. \_\_\_\_\_ min.

Major findings: Of operations 169-8  
Of autopsy 30  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Dora Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Senior High School  
11. Industry or business \_\_\_\_\_  
12. Name William Bennett  
13. Birthplace Dora Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mabel White  
15. Birthplace Dora Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant William Bennett  
(b) Address St. Clair, Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/47  
(Month) (Day) (Year)  
(c) Place: burial or cremation Mount Zion  
18. (a) Signature of funeral director Shannon Mitchell  
(b) Address St. Clair, Mo  
19. (a) MAR-3-1947 (Date received local registrar) (b) E. D. Hutchinson (Registrar's signature) 418

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence 1/14/46 am 36  
(c) Where did injury occur? St. Clair Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Profess  
While at work? Yes (Specify type of place) (c) Means of injury by train  
23. Signature Dr. Edward W. ... (M. D. or other) 3/7/47  
Address St. Clair Mo Date signed \_\_\_\_\_

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

030

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 4-23-47

MAY 2 1947

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 Sherwood Kitchell  
Licensed Embalmer No. 3873  
P. O. Address St. Clair, 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.