

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

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 1 1948
Registration District No. 147

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State, File No. **113014**
Registrar's No. **290**

Primary Registration District No. 5569

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town RURAL BRUSH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
46TH STREET Y BLUE RIDGE BLVD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 6 YEARS / (Specify whether years, months or days)

3. (a) PRINT FULL NAME MR. FRANK EARL 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 MARRIED
6. (b) Name of husband or wife MRS. MAUDE BENNETT 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased MAY 15 1895
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation SALESMAN

11. Industry or business DR. LOCKE'S SHOE STORE

12. Name UNKNOWN BENNETT

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

14. Maiden name UNKNOWN

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

16. (a) Informant MRS MAUDE BENNETT

(b) Address 46TH Y BLUE RIDGE BLVD

17. (a) Burial (b) Date thereof MAR 10 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. H. Newcomer

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 4-9-48 (b) Antelmy Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 46TH Y BLUE RIDGE BLVD
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 9TH
year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-1- 1948, to 4-9- 1948, that I last saw him alive on 4-8 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 12 hrs
Due to from Myocardial damage
four previous infarctions 4 yrs

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

Major findings: ap46
Of operations _____
Of autopsy _____
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? ()

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

23. Signature D. M. Bank (M. D. or other) MD
Address Raytown, Mo. Date signed 4-9-48

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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 James T. News
Licensed Embalmer No. 4433
P. O. Address St Louis City

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.

Registration District No. 147

Primary Registration District No. 5569

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town RURAL BROOKING
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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)

3. (a) PRINT FULL NAME Frank E Bennett

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased May 15 (Month) 1948 (Day) 1948 (Year)

8. AGE: Years 52 Months _____ Days _____ (If less than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1948 hour _____ minute _____ M. _____

21. I hereby certify that I attended the deceased from _____ to _____, 19 _____

that I last saw him _____ alive on _____, 19 _____

and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-13014