No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 20 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. W. Smith
29434
State File No.
Registrar's No. 237

Registration District No. XXXXX 128 Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Baptist Hosp. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Weeks (Specify whether years, months or days)
In this community 4 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton 600
(c) City or town Golden City (If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Charles M. Bennett
3. (b) If veteran, name war No
3. (c) Social Security No. ?
4. Sex Male 0
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Birdie Bennett
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Nov. (Month) 7 (Day) 1893 (Year)

8. AGE: Years 54 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
10. Usual occupation Service Station Operator
11. Industry or business

MOTHER FATHER
12. Name Charles F. Bennett
13. Birthplace Baltimore (City, town, or county) Maryland 1 (State or foreign country)
14. Maiden name Helen E. Haynes
15. Birthplace Unknown (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Mrs. Birdie Bennett
(b) Address Golden City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Golden City, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 9-16-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature) III

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1948 hour 8 minute 40a. M.
21. I hereby certify that I attended the deceased from 8-20 1948, to 9-12 1948, that I last saw him alive on 9-12-48, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pyonephritis
Due to
Large Kidney stone
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations nephrectomy
same as above
Of autopsy 134a

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 Dallas Smith (M. D. or other) MD
Address Springfield, Mo. Date signed 9-13-48

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Hamelle

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.