MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1573
Do not use this space.

1. PLACE OF DEATH (a) County Barry (b) Township Purdy (c) City (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)
Registration District No. 31 Primary Registration District No. 5044 Registered No. 2
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John William Bennett
(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samatha Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	1	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME Asa Bennett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
15. MAIDEN NAME Nancy Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Vena Williams Purdy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ketton Cem. DATE Jany. 12 1940

19. FUNERAL DIRECTOR (ADDRESS) Blankenships, Monett-Purdy Mo.

20. FILED Jan. 20, 1940 Donald Blankenship Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1940 to Jan 8 1940
I last saw h[illegible] alive on Jan 8 1940 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1-6-40

Other contributory causes of importance:
Senility
Myocarditis Chronic

Name of operation Phys Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. D. Baldwin M.D.
(Address) Purdy Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 240-275
Date Filed FEB 1 1940

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. 2397

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. H. Blankenship

..... L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed L. H. Blankenship

Licensed Embalmer No. 2397

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.)