

FILED SEP 16 1948

State File No.

Registration District No.

Primary Registration District No. 2007

Registrar's No. 282

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lucy Lee Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
In this community **25 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**
(c) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL")
(d) Street No. **332 North Main**
(If rural, give location) **NO**
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Daniel B. 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 **Married**

6. (b) Name of husband or wife **Eleza C.** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **Nov. 28 1876**
(Month) (Day) (Year)

8. AGE: Years **65** Months **9** Days **1** If less than one day hr. min.

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

10. Usual occupation **Merchant**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Dennis Githens**

(b) Address **Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **9-1-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn**

18. (a) Signature of funeral director **Greer Croy Service**

(b) Address **Poplar Bluff, Mo.**

19. (a) **9-4-42** (b) **Belle Kinnel**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **29**
year **1942** hour **12 Midnight** minute M.

21. I hereby certify that I attended the deceased from **8/26/42**
19..... to **8/29/42** 19.....
that I last saw him alive on **8/29/42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Disease** **Rheumatism**
Heart Disease Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **960**

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 **John Brigan** (M. D. or other) **0**
Address **Poplar Bluff, Mo.** Date signed **9/2/42**

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

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RECEIVED

District Health Office No. 2,

District File Number 942-1191

Date Filed 9-11-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.