

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

FILED JUL 1 1944  
Registration District No. 1

Primary Registration District No. 4433

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Unionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 7 yr (Specify whether years, months or days)

In this community 7 yr

3. (a) PRINT FULL NAME

SARAH REBECCA BENNET

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife FRANK BENNET

6. (c) Age of husband or wife if alive years FEB 3-1862

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days

82 2 23

If less than one day hr min

9. Birthplace

Putnam Mo

10. Usual occupation

HOME WORK

11. Industry or business

12. Name

LORENO DOW SMITH

13. Birthplace

Ohio

14. Maiden name

ZIPPIE GILBERT

15. Birthplace

Mo

16. (a) Informant

Francis H. McCune

(b) Address

Lemons Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

6-1-44

(c) Place: burial or cremation

Lemons Mo

18. (a) Signature of funeral director

Unionville Mo

(b) Address

113 445

19. (a)

(Date received local registrar)

Unionville Mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam

(c) City or town Unionville 26 (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location) 0

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

If yes, name country N

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 44 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from May 10

1944 to May 21 1944

that I last saw him alive on May 21 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Duration

mitral Regurgitation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 E. J. Montgomery (M. D. or other)

Address Unionville Mo Date signed 6/1/44

OCT 22 1945

SEP 3 1948

JAN 7 1948

OCT 24 1945

JUL 14 1947

RECEIVED

District Health Office No. 10

District File Number 7-44-1238

Date Filed JUL 10 1944

### 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

working under my personal supervision.

Signed

*Paul E. Huston*

Licensed Embalmer No.

3304

P. O. Address

*Monroville, Pa.*

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.