

FILED JUL 25 1944

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **588**

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: Sp. Baptist Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112  
(c) City or town Rural - Seymour 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Five miles North of Seymour  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mary Alice Bennett

(b) If veteran, name war none

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14<sup>th</sup>  
year 1944 hour 14:30 minute \_\_\_\_\_ a.m.

21. I hereby certify that I attended the deceased from July 11  
1944, to July 14 1944  
that I last saw h. er alive on July 13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3d

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife B. A. Bennett deceased 6. (c) Age of husband or wife if Dec years  
7. Birth date of deceased Oct. 16, 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 28 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

12. Name Sylvester Bolin  
13. Birthplace Clark Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Course  
15. Birthplace unknown Clark, O  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruth Rodacker  
(b) Address Seymour, Mo.

17. (a) Burial (b) Date thereof July 16, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour Masonic Cem

18. (a) Signature of funeral director Kelley Sewell

(b) Address Seymour Mo.

19. (a) 7-15-44 (b) ST W. Handley  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)  
& Hypertension

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) (c) Means of injury \_\_\_\_\_

23. Signature Henry D. Callaway, M.D. (M. D. or other) MD  
Address Springfield, Mo. Date signed 7/15/44

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 *H. H. Keller*

Licensed Embalmer No. 3334

P. O. Address *Leysman mo*

**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.

X