

No. 2
-8-43
-17-39
X37823

FILED JAN 21 1946

Registration District No. 4-2-101-3.1

Primary Registration District No. 1354210

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Ridgeway
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 65 yr.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Orin Phillip Bennet

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys Bennet 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased July - 2 - 1890
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Ridgeway (City, town, or county) no (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

MOTHER FATHER
12. Name Milton Bennet
13. Birthplace Township, Ohio (State or foreign country)
14. Maiden name Anneta French
15. Birthplace Harnath, England (State or foreign country)

16. (a) Informant Gladys Bennet

(b) Address Ridgeway Mo.

17. (a) Burial (Burial, cremation, or removed) (b) Date thereof sep-16-45
(Month) (Day) (Year)

(c) Place: burial or cremation Spring Ridge Cemetery

18. (a) Signature of funeral director R. B. Jones

(b) Address Ridgeway Mo.

19. (a) 9/15/45 (Date received local registrar) (b) L. B. Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Ridgeway
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1945 hour 3 minute _____ PM.

21. I hereby certify that I attended the deceased from Oct. 1943, to Sept. 12, 1945
that I last saw him alive on Sept. 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of right lung
Duration 3 yrs.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy ✓
470

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 L. B. Jones (M. D. or other) _____
Address Ridgeway Mo. Date signed 9/15/45

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

A 6961010101

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 *R.P. Rogers*

Licensed Embalmer No. 3576

P. O. Address *Richway 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.