

FILED FEB 11 1946

Registration District No. **360**

Primary Registration District No. **3076**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home - 321 E. Walnut St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community many years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 321 E. Walnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bert Bennett

3. (b) If veteran, name war No
3. (c) Social Security No. 202-18-6175

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ziela M. Bennett
6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased Sept 5 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1946 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan 15 1946
to Jan 18 1946
that I last saw him alive on Jan 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma with hemorrhage
Duration 1 yr?

8. AGE: Years 69 Months 4 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace Orange Co., New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Conductor (Retired)

11. Industry or business _____

12. Name Cora Bennett

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Idella Colburn

15. Birthplace Unknown, Ia. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ziela M. Bennett

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Jan 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherry Hill Kansas

18. (a) Signature of funeral director W. J. Funnell

(b) Address Nevada, Mo.

19. (a) 1-24-46 (b) W. J. Funnell
(Date received from registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions Metastatic carcinoma
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 470

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 W. J. Funnell (M. D. or other) _____
Address Nevada, Mo. Date signed 1-19-46

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

10
1
2

3394

R. S. ... Officer No. 7.
1-46-88
2-8-46
Date Filed

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 Allen T. Kays
Licensed Embalmer No. 1968
P. O. Address Nevada 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.