

FILED JUN 12 1946

State File No. \_\_\_\_\_

Registration District No. 100

Primary Registration District No. 5390

Registrar's No. 38

1. PLACE OF DEATH

(a) County Dent  
(b) City or town Spring Creek 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 \_\_\_\_\_ (Specify whether)  
In this community 70 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Dent 33  
(c) City or town: Rural Spring Creek Township  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Louisa Amy Gregory Bennett

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, 2

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 3 10 1870  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Cambridge Canada  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

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

12. Name: Ephraim Gregory

13. Birthplace: N. Y.  
(City, town, or county) (State or foreign country)

14. Maiden name: Margaret Campbell

15. Birthplace: Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant: Leon Bennett

(b) Address: Salem Mo

17. (a) Burial (b) Date thereof: 5-15-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Gregory

18. (a) Signature of funeral director: Hobart Nathan

(b) Address: Salem Mo

19. (a) 5-13-46 (b) M. M. Park, M.D. by M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1946 hour 10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 6:31 45 5-12 46 1946  
that I last saw alive on 5-13-46 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the floor of mouth with metastasis to lymph glands  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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) Cause of injury \_\_\_\_\_  
23. Signature: L. H. King M.D. M. D. or other \_\_\_\_\_  
Address: Salem Mo Date signed: 5/15/46

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

15077

3

RECEIVED

District Health Officer No. 5,

District File Number 646376

Date Filed 6-10-46

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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 Max L. Waife

Licensed Embalmer No. 4170

P. O. Address Salem, 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.**