

20994

State File No.

Registration District No. 233 Primary Registration District No. 4348 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Willsville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1-1-3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 years (Specify whether
In this community 13 years years, months or days)

3. (a) PRINT FULL NAME Ralph Emerson Bennett
3. (b) If veteran, ✓ name war ✓
3. (c) Social Security No. ✓

4. Sex male 5. Color or race white (a) Single, widowed, married, divorced married
6. Name of husband or wife Lucile Bennett 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Jan 2 1899 (Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 19 If less than one day hr. min.

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

10. Usual occupation City Mail Carrier

11. Industry or business City Mail Carrier

12. Name Legader F Bennett

13. Birthplace Providence, Kentucky (City, town or county) (State or foreign country)

14. Maiden name Josephine

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

16. (a) Informant Mrs Lucile Bennett

(b) Address Willsville Mo

17. (a) Burial (b) Date thereof 6-23-46 (Month) (Day) (Year)

(c) Place: burial or cremation Browning Mo

18. (a) Signature of funeral director B. Wells

(b) Address Willsville Mo

19. (a) 6-23-46 (b) Thos Meritt (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Willsville Mo (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 21 year 1946 hour 8:00 minute 30 M.
21. I hereby certify that I attended the deceased from March 10 to June 21, 1946
that I last saw him alive on June 21 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Cerephagus Duration 4 Mo

Due to ✓

Due to ✓

Other conditions ✓ (Include pregnancy within 3 months of death)

Major findings: ✓

Of operations ✓

Of autopsy 46

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) (Means of injury)

23. Signature J. J. Byland (M. D. ✓)

Address Willsville Mo Date signed 6-21-46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-2-46

1946
JUL 19 1 30P

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 Self,
....., Registered Apprentice No.,
working under my personal supervision.

Signed

R B Wells

Licensed Embalmer No. 1588

P. O. Address

Wellsville 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.