

FILED FEB 5 1947  
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1520 So. Barrett  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 32 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80  
(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1520 So. Harrison Barrett 4  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT Fannie H. Harrison  
FULL NAME

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

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Charles Edwin 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased July 25 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 5 29 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

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

MOTHER FATHER  
12. Name William Howard Bentley  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Chaney  
15. Birthplace Versailles Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Cecil Harrison  
(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Jan. 27/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. Dickard  
(b) Address Sedalia

19. (a) 1-25-47 (b) Betty Yeager  
(Date received local registrar) (Registrar's Signature)  
251 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24  
year 1947 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 25  
1946 to Jan. 24 1947;  
that I last saw her alive on Jan. 24 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
uramic poisoning 2 mo.  
Due to Bright's Disease 1 yr

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED  
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 2

23. Signature Dr. H. L. Hollman (M.D. or other) Dr.  
Address 25 1/2 Ely Sedalia, Mo. Date signed 1/27/47

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

**RECEIVED**

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-31-47

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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 L. T. Tucker

Licensed Embalmer No. 3840

P. O. Address Delalia 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.**