

FILED FEB 10 1947

Registration District No.

Primary Registration District No. 5845

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Rural - Sac
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10 miles north Greenfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 61 years 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 10 miles north Greenfield (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME GEORGE EDWARD BENNETT.

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sitha Angeline 6. (c) Age of husband or wife if alive 1 - 1885 years (Year)
7. Birth date of deceased August (Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Dade County Mo D (City, town, or county) (State or foreign country)

10. Usual occupation Ritual Farmer

11. Industry or business

12. Name George Bennett

13. Birthplace No Record (City, town or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Sitha Bennett

(b) Address Star Route Greenfield Mo

17. (a) Rural (b) Date thereof 2-18-47 (Month) (Day) (Year)

(c) Place: burial or cremation Corry Cemetery

18. (a) Signature of funeral director Sam E. Lemonsky

(b) Address Greenfield Mo.

19. (a) 2-10-47 (Date received local registration) (b) Lee L. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5 year 1947 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Dec 20 1946 to Feb 5 1947 that I last saw him alive on Jan 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis Duration

Due to

Due to

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

Major findings: Of operations 13B

Of autopsy

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 2

23. Signature Harold Shaker (M. D. or other) D.O.

Address Greenfield Date signed 2-7-47

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

MOTHER FATHER

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 Sam C. Sweeney Jr

Licensed Embalmer No. 4099

P. O. Address. Greenfield, 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.