

FILED FEB 18 1947

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

Registration District No. 227

Primary Registration District No. 5907

Registrar's No. 11

**1. PLACE OF DEATH:**  
 (a) County Monroe  
 (b) City or town Rural - Union township  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 43 years (Specify whether)  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Monroe  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Union township  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Amos Bennett Jr.  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife Barbara Bennett  
 6. (c) Age of husband or wife if alive 81 years  
 7. Birth date of deceased October 1 1858  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Feb day 10 year 1947 hour 11 minute 509 M.  
 21. I hereby certify that I attended the deceased from Jan 19 1946 to Feb 9 1947  
 that I last saw him alive on Feb 9 1947 and that death occurred on the date and hour stated above.  
 Immediate cause of death Cerebral - Arteriosclerosis  
 Duration 3 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>8</u>	<u>10</u>	hr. _____ min. _____

Due to \_\_\_\_\_  
 Due to Cerebral - Arteriosclerosis  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Ohio (City, town, or county) (State or foreign country)  
 10. Usual occupation farmer  
 11. Industry or business \_\_\_\_\_  
 12. Name Amos Bennett  
 13. Birthplace Ohio (City, town, or county) (State or foreign country)  
 14. Maiden name Angeline Snider  
 15. Birthplace Virginia (City, town, or county) (State or foreign country)  
 16. (a) Informant Baxter Bennett  
 (b) Address Madison, Mo  
 17. (a) Burial, cremation, or removal Madison Cemetery (b) Date thereof Feb 10 1947 (Month) (Day) (Year)  
 (c) Place: burial or cremation \_\_\_\_\_  
 18. (a) Signature of funeral director E. E. Hooper  
 (b) Address Clarence, Missouri  
 19. (a) Feb 47 (b) Elbert Park, M.D. (Date received local registrar) (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_  
 23. Signature Elbert Park (M. D. or other) \_\_\_\_\_  
 Address Paris, Mo Date signed 2-11-47

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

MOTHER, FATHER

RECEIVED  
District Health Officer No. 10  
District File Number *47-333*  
Date Filed *FEB-17-1947*

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..... *Louis C. Hopper*  
Licensed Embalmer No. *7361*  
P. O. Address..... *Clarence, 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.