

S. No. 2
1-12-45
7. 5-17-39
X47070

FILED APR 29 1947

Registration District No. 28

Primary Registration District No. 5466

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Rural S. Campbell Dep.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #9, Springfield, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield - Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. Rural Route # 9, Springfield, Mo.
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME JAMES BENNETT

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Esther Bennett

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased August 30, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>6</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Lafayette Bennett

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

14. Maiden name Mary Cowden

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

16. (a) Informant Mrs. Esther Bennett

(b) Address Route # 9 Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/1947
(Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 3-27-47 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22, year 1947 hour 1:7 minute 30 P. M.

21. I hereby certify that I attended the deceased from February 4, 1947, to March 22, 1947.

that I last saw him alive on March 22, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Duration _____

prostate

Due to _____

Due to _____

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

Major findings:
Of operations _____ PHYSICIAN _____

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?

23. Signature William P. [unclear] (Specify type of place) (e) Means of injury 2

Address 606 East Sunshine Date signed 3-25-47

JUN 12 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

Julian P. Bodwin

Registered Apprentice No. *473*

working under my personal supervision.

Signed

Jewell C. Mudd

Licensed Embalmer No. *2831*

P. O. Address *Springfield 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.