

S. No. 2
-12-45
-5-17-39
PI X47070

State File No.

FILED MAY 10 1947

Registration District No. 287

Primary Registration District No. 5982

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Fair Grove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. F. D. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days) 85 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk

(c) City or town Fair Grove
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #1
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Sarah Dee Bennett

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John C. Bennett

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

7. Birth date of deceased December 21, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>4</u>	<u>8</u>	hr. min.

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

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER { 12. Name Wm. Burdette Cavin

13. Birthplace Bedford Co. Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Potter

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

16. (a) Informant Julia M. Clark

(b) Address Fair Grove Mo. R # 1

17. (a) Burial (b) Date thereof 5-1-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Grove Cem.

18. (a) Signature of funeral director J. W. Klingner & Co

(b) Address Springfield Mo.

19. (a) May 1, 1947 (b) R. M. Burns
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1947 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 23, 1947 to April 29, 1947
that I last saw her alive on April 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis & myocardial degeneration

Due to SI

Duration 10 days last illness

Other conditions (Include pregnancy within 3 months of death)

Major findings: 938

Of operations.....

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) 2

(c) Means of injury.....

23. Signature Wayne Zimmerman (M. D. or other) Dr

Address Fair Grove, Mo. Date signed May 1, 1947

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

10 file

84

0

0

0

Duration

10 days last illness

938

2

Dr

May 1, 1947

SEP 5 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 J.B. Klumpner
Licensed Embalmer No. 3358
P. O. Address.....

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.