No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1948

Registration District No. 328

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11198

Primary Registration District No. 3073

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Scott,

(b) City or town Chaffee,
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott, 100

(c) City or town Chaffee /
(If outside city or town limits, write "RURAL")

(d) Street No. So Main Street 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Francis W. Bennett,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced Widow, 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 2 (Day) 1873 (Year)

8. AGE: Years 75 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Weekly County Tenn, /
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business House work,

FATHER
12. Name Bright Reddick
13. Birthplace Weekly Co Tenn, /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Grewen,
15. Birthplace Weekly Co. Tenn, /
(City, town, or county) (State or foreign country)

16. (a) Informant Roscow Bennett,
(b) Address Chaffee Missouri,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 5 (Day) 1948 (Year)

(c) Place: burial or cremation Puxico Missouri,

18. (a) Signature of funeral director Watkins Service
(b) Address Puxico Missouri,

19. (a) 3/11/48 (Date received local registrar) (b) GB MacCready (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1948 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from March 1946 to March 3 1948
that I last saw her alive on Mar 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from neck vessels

Due to Carcinoma Parotid Gland with

Due to Extensions

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Resection of Parotid and Cervical Glands

Of autopsy E X Therapy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 5

23. Signature W Bunney (M. D. or other)

Address Bk Bldg Chaffee Date signed 3/6/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Office No. 2
Number 348-393
Date Filed 3-25-49

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.