S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15261

Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County Wayne
(b) City or town Piedmont (Rural) (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 Mo (b) County Wayne 111
(c) City or town Piedmont (Rural) St Francis (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lucinda Jane 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 W 2
6. (b) Name of husband or wife John H Bennett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	2	15	hr. min.

9. Birthplace Wayne Co. (City, town, or county) Mo / (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name Andrew Duncan
13. Birthplace Wayne Co. (City, town, or county) Mo 0 (State or foreign country)
MOTHER 14. Maiden name Martha Mann
15. Birthplace Reynolds Co. (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Mrs Maggie Hale
(b) Address Piedmont Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Duncan Cem.
18. (a) Signature of funeral director William Cook
(b) Address Piedmont, Mo.
19. (a) 4-27-1948 (Date received local registrar) (b) Susie E. Pills (Registrar's signature) 240

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1948 hour 2:15 min A.M. M.
21. I hereby certify that I attended the deceased from 1947, 19 to 2-18-, 1948
that I last saw her alive on Dec 1947, 19 :
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of womb & Bladder	2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 48B

PHYSICIAN: Underline the cause of 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 0
23. Signature John F Wagner (M. D. or other) M.D.
Address Greenville, Mo. Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 548-634

Date Filed 5-11-45

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.....

Cather Funeral Home, Registered Apprentice No.....,

working under my personal supervision.

Signed William Cather

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.