FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1948

Registration District No. 3-18

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35450

Primary Registration District No. 4552

Registrar's No. 46

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Mountain Grove (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution West 1st St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 65 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright
(c) City or town Mountain Grove, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bert Bennett
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Bennett
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Dec (Month) 10 (Day) 1874 (Year)

8. AGE: Years 73 Months 10 Days 14 If less than one day ... hr. ... min.

9. Birthplace Ray County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Mail Carrier
11. Industry or business Mail Carrier

FATHER
12. Name Miles Bennett
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Pulse
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Bennett
(b) Address Mountain Grove, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest
18. (a) Signature of funeral director Crable-Windle
(b) Address Mountain Grove, Mo.
19. (a) 10-25-48 (Date received local registrar) (b) A. L. Ames (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24 year 1948 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10/24/ 1948 to 10-24- 1948 that I last saw h... alive on 10/24/ 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature ... (M. D. or other)
Address Mtn. Grove Mo. Date signed 10-25-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1148-1229
Date Filed 11-3-48

DEC 15 1948

NOV 12 1948

MAR 29 1950

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 Frank Grable
Frank Grable
Licensed Embalmer No. 4140
P. O. Address Mountain Grove, 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.