No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1948

Registration District No. 274

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41005

Primary Registration District No. 3052

Registrar's No. 347

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 weeks (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia (If outside city or town limits, write "RURAL")
(d) Street No.: 518 W. 2nd (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Bessie J. Bennett
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Pleas Bennett
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 19 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
55	5	8	hr. min.

9. Birthplace: Sedalia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: T. S. Payne
13. Birthplace: Pettis Co. (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Ann Poynter
15. Birthplace: Pettis Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: E. T. Bennett
(b) Address: 518 W. 2nd Sedalia, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hopewell cemetery
18. (a) Signature of funeral director: McLaughlin Bros
(b) Address: Sedalia Mo
19. (a) 11-29-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th year 1948 hour 7 minute 40 A.M.
21. I hereby certify that I attended the deceased from August, 1948, to Nov. 27, 1948 that I last saw her alive on Nov. 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia (Renal insufficiency)	12 hrs.
Due to: Hypertensive heart disease (?)	1 yr.
Due to: —	
Other conditions: Carcinoma, breast (Include pregnancy within 3 months of death)	1 year.
Major findings: Metastases, extensive	
Of operations:	
Of autopsy: None	

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: E. Schroder (M. D. ~~or other~~) M.D.
Address: 312½ S. Ohio St. Sedalia, Mo. Date signed 11-29-48

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

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-29-48

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 K. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.