FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 7 1949

Registration District No. 1944

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5563

State File No. 42493

Registrar's No. 1

1. PLACE OF DEATH:
(a) County: IRON
(b) City or town: GLOVER, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RURAL AT HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: NONE (Specify whether years, months or days)
In this community: 5 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: DOUGLAS
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: 4 MILES South of DORA
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: NONE

3. (a) PRINT FULL NAME: FOUNTAIN P. BENNETT
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: MALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: LINA KEMP
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: Feb 7 1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	10	7	hr. min.

9. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business: FARMING
12. FATHER: Rubin BENNETT
13. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)
14. MOTHER: Maiden name: ARMANTA MEADOWS
15. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)
16. (a) Informant: ALVA BENNETT
(b) Address: DORA, MISSOURI
17. (a) Burial, cremation, or removal: BURIAL (b) Date thereof: Dec 16, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: HALE CEMETERY
18. (a) Signature of funeral director: R.W. Barber
(b) Address: MTN GROVE, MISSOURI
19. (a) Jan. 31 1949 (Date received by local registrar) (b) Mrs Avis Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14 year 1948 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 1 1948, to 12-14-1948 that I last saw him alive on 12-13-1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac regurgitation	Several years
Due to:	
Due to:	
Other conditions: Exteritis (Include pregnancy within 3 months of death)	10 days
Major findings: Of operations: NONE	
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: E.M. Fitzpatrick (M. D. or other) M.D.
Address: Lesterville, Mo Date signed: 12/14/48

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. 6,

RECEIVED
District Health Officer No. 4
District File Number 249-437
Date Filed 2-6-49

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 _____

Licensed Embalmer No. 3845

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.