No. 2
1-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31932

Registration District No. FILED NOV 1 1948

Primary Registration District No. 5041

Registrar's No. 94

1. PLACE OF DEATH:
(a) County Barry
(b) City or town 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 Missouri (b) County Barry
(c) City or town Rural
(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 Samantha 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 .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct (Month) 19 (Day) 1858 (Year)

8. AGE: Years 89 | Months 11 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace ..... Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

MOTHER / FATHER
12. Name Elijah Fly
13. Birthplace ..... Missouri (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Marbut
15. Birthplace ..... Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vena Lowery
(b) Address Purdy, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Colton Cemetery
18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) Oct 22-1948 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1948 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Dec 2, 1947, to Oct 10, 1948
that I last saw h.w. alive on Oct 10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	1 yr
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 2

23. Signature J. D. Baldwin M.D. (M. D. or other)
Address Purdy Mo Date signed 10-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1048-1203
Date Filed 10-29-48

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 Glen D Williams, Registered Apprentice No. 13, working under my personal supervision.

Signed H E Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.