

FILED JUN 28 1948

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: _____ (Specify whether in this community _____ years, months or days)

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

3. (a) PRINT FULL NAME William H. H. Bennett

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Bennett
6. (c) Age of husband or wife if alive 63 year
7. Birth date of deceased April 9 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace Independence Kans
(City, town, or county) (State or foreign country)

10. Usual occupation F. Farmer

11. Industry or business
12. Name Charles F. Bennett
13. Birthplace Unknown Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Sister E. Haynes
15. Birthplace Unknown Okla
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Bennett
(b) Address Buffalo Mo.

17. (a) Burial (b) Date thereof 6-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Soldier City Mo.

18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo.

19. (a) 6-10-48 (b) D. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 9
year 43 hour 3 minute 30 a.m.
21. I hereby certify that I attended the deceased from 5/26, 1943, to 6/9, 1943
that I last saw him alive on 6/8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of both legs below knees - with sepsis 1 mo.
Due to vascular disease & diabetes mellitus
Other conditions 61
(Include pregnancy within 3 months of death)

Major findings: No Operation
Of operations _____
Of autopsy _____

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?
While at work? _____ (Specify type of place) (e) Means of injury MD
23. Signature Ray D. Callaway (M. D. or other) MD
Address Springfield Mo Date signed 6/10/48

STATEMENT BY LICENSED EMBALMER

JUN 30 1934

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 Clyde Montgomery
Licensed Embalmer No. 3592
P. O. Address Buffalo, 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.

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