

FILED JAN 11 1945

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 349

1. PLACE OF DEATH:

(a) County Clair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Laughlin Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
(Specify whether years, months or days) one week

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Jones
(c) City or town Rural Near Monticello
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi. W. of Monticello
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Fannie Mae Bennett

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry S. Bennett
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 13 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 11
If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business Own Home

12. Name Peter Stuller

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Toilen

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Marrist Bennett

(b) Address Monticello, Iowa

17. (a) Removal (b) Date thereof 12/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monticello, Ia.

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Kirkville Mo

19. (a) 1-2-45 (b) Miss J. P. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1944 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 19
1944 to Dec 24 1944
that I last saw h. w alive on Dec 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Thyroid crisis
of a duration for 4 or 5
and hysterectomy

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 139 b'

Of autopsy

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature J. P. Wagner (M. D. or other) 00

Address Kirkville Mo Date signed Jan 2

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

MOTHER FATHER

OCT 18 1948

RECEIVED

District Health Officer No. 10

District File Number 1-45-92

Date Filed JAN 9 1945

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 Brewster Beaty
Licensed Embalmer No. 4379
P. O. Address Kirksville, Md.

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.