FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23693

Registration District No. 273 | Primary Registration District No. 5836 | Registrar's No. 56

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: NEWTON 73
(c) City or town: RURAL 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.: NEWTON Co. INFIRMARY
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: ELZA BENNETT
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE
4. Sex: MALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 30 (Day) 1871 (Year)

8. AGE: Years 76 | Months 11 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: BARRY County (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: NONE
11. Industry or business .....
MOTHER
12. Name: DEXTER BENNETT
13. Birthplace: W. VIRGINIA (City, town, or country) (State or foreign country)
FATHER
14. Maiden name: SARAH SOLSBERRY
15. Birthplace: W. VIRGINIA (City, town, or country) (State or foreign country)
16. (a) Informant: Mrs. Frank Haley
(b) Address: Le Ray Kansas
17. (a) Burial, cremation, or removal: REMOVAL (b) Date thereof: 7-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: PARDY MISSOURI
18. (a) Signature of funeral director: Corley Thompson
(b) Address: Neosho Mo
19. (a) Date received by local registrar: July 9, 1948 (b) Registrar's signature: Melvin C. Bowman

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1948 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from July 1, 1948, to July 7, 1948, that I last saw him alive on July 7, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxemia	3 days
Due to: Senile gangrene of extremities	2 weeks
Due to: Arteriosclerosis	
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 .....

23. Signature: Charles Chase (M. D. or other) DO
Address: Granby, Mo. Date signed 7-8-48

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

RECEIVED
District Health Officer No. Neosho
District File Number 248-341
Date Filed 2-16-48

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 Corley Thompson

Licensed Embalmer No. 3257

P. O. Address Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.