REC'D JAN 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42254
Do not use this space.

1. PLACE OF DEATH
(a) County Bates — Registration District No. 53
(b) Township — Primary Registration District No. 3005 — Registered No. 48
(c) City Rich Hill Missouri — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. , ds.

2. PRINT FULL NAME 514 Charlotte Francis Benefield
(a) Residence, No. Chestnut St, Rich Hill St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Steven Benefield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 24, 1883

7. AGE: YEARS 55 — MONTHS 7 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Paul Kan.

FATHER
13. NAME: Josh Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ubknown

17. INFORMANT (ADDRESS): Steven Benefield, Rich Hill Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Dec. 12/38

19. FUNERAL DIRECTOR (ADDRESS): Booths, Rich Hill Mo.

20. FILED Dec. 12, 1938 Claude J. Allen, R.S. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 10/38, 19

22. I HEREBY CERTIFY, That I attended deceased from May 1938 to Dec 10, 1938
I last saw her alive on Dec 8, 1938. Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
The Myocarditis	
Symptoms	

Other contributory causes of importance: 93C

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
56 (Address) Rich Hill Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

RECEIVED
District Health Officer No. 7
District File Number 7-39-118
Date Filed 1-12-39

STATEMENT BY LICENSED EMBALMER

I, John G Underwood, Licensed Embalmer No. 3585

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

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.)