

1938 JAN 25 1939

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

42868

Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 287
(b) Township Center Primary Registration District No. 4144
(c) City Greenfield Mo. (d) Street No. _____
(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

Daniel Philip Frank Benedict
(a) Residence, No. Greenfield Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1938

7. AGE YEARS 0 MONTHS 5 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) Greenfield Mo.

FATHER 13. NAME John Henry Benedict

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo.

MOTHER 15. MAIDEN NAME Margerie Beck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellville Ill.

17. INFORMANT (ADDRESS) J. H. Benedict Greenfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wetzel Cem. DATE Nov. 11, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Ward Greenfield Mo.

20. FILED 11-13 1938 Geo L. Weir Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-10 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1938, to Nov. 10 1938
I last saw him alive on Nov. 10 1938 Death is said

to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

Diphtheria
10

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Culture 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? no
If so, specify _____

(Signed) J. J. Grisdorf M. D.
(Address) Greenfield, Mo.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.