

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

1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26129

Registration District No. 492

Primary Registration District No. 5652-2 4552 Registrar's No. 492

1. PLACE OF DEATH:

- (a) County Lincoln mo
(b) City or town ced monroe mo
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community.
years, months or days)

3. (a) PRINT
FULL NAME

Ernie Benedict

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married,
divorced single

6. (b) Name of husband or wife single 6. (c) Age of husband or wife if

alive — years

7. Birth date of deceased 9-30-1892
(Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 7 If less than one day
46 hr. — min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Ernie S. Benedict

13. Birthplace ced monroe
(City, town, or county) (State or foreign country)

14. Maiden name Anna Jessen

15. Birthplace Tracy mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm Benedict

- (b) Address ced monroe mo

17. (a) Buried (b) Date thereof 8-9-39
(Burial, cremation, or other) (Month) (Day) (Year)

- (c) Place: burial or cremation highland prairie, mo

18. (a) Signature of funeral director Wendell Muthely

- (b) Address ced monroe mo

19. (a) 8/9/39 (b) St. Neuner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Lincoln

- (c) City or town ced monroe mo
(If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7
year 1939 hour 9.30 minute 0 M.

21. I hereby certify that I attended the deceased from 7-6-39
1939 to 7-7 1939

that I last saw him alive on 7-7 1939
and that death occurred on the date and hour stated above.

Immediate cause of death suicide

Due to taking poison

Due to

Other conditions 163

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) suicide

- (b) Date of occurrence 8-6-39

- (c) Where did injury occur? home (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.

24. Signature St. Neuner (M. D. or other)

Address ced monroe mo Date signed 8/9/39

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.