

K. 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.

123  
 1939 SEP 21 1939

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

30464  
 Do not use this space.

1. PLACE OF DEATH

(a) County Wernon Registration District No. 875  
 (b) Township Washington Primary Registration District No. 6162  
 (c) City \_\_\_\_\_ (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 9 yrs. 1 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME 535 Dolly Benson  
 (a) Residence, No. Purdy, Mo. 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	44	6	6	

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) Missouri

FATHER

13. NAME R. Duffield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelb. Va.

MOTHER

15. MAIDEN NAME Mary Beeler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hoop. Record

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheaton DATE Aug. 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Mahis Edge Wheaton Mo.

20. FILED Aug 26, 1939 Allen H. Hays Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Aug. 26, 1939  
 I last saw h. 8 alive on Aug. 25, 1939. Death is said to have occurred on the date stated above, at 6 A. M.  
 The principal cause of death and related causes of importance were as follows:

	Date of onset
<u>Cerebral apoplexy - left</u>	<u>3/27/39</u>
<u>Cerebral apoplexy - rt.</u>	<u>5/25/39</u>
<u>Malnutrition</u>	

Other contributory causes of importance:  
Epilepsy

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

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) Ch. J. Cramer, M. D.  
 (Address) Wheaton

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1765

Date Filed 9-5-39

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.....

*Wm Morris Pope*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Wm Morris Pope*

Licensed Embalmer No. 3482

P. O. Address Wheaton mo

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.