

NOV 2 - 1939

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

37507
Do not use this space.

1. PLACE OF DEATH

(a) County North Registration District No. 913
(b) Township Witchell Primary Registration District No. 414
(c) City Grant City (d) Street No. _____ Registered 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME AWILDA BENSON

(a) Residence, No. _____ 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 <u>g.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jesse Benson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 16, 1869</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>0</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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) <u>Jan 1, 1932</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grant City Mo.</u>		
FATHER	13. NAME <u>William Island</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Thomas</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oxford Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mildred Misener Grant City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grant City Mo.</u> DATE <u>11/19</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Archie Duffee Grant City, Mo.</u>		
20. FILED _____ 19 _____ <u>921</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 23, to Nov 7, 1939
I last saw her alive on Nov 7, 1939. Death is said to have occurred on the date stated above, at 3:00 pm.
The principal cause of death and related causes of importance were as follows:
Cerebral Palsy - 1937

Other contributory causes of importance: 46

Name of operation Evil operation Date Jan 19, 1939
What test confirmed diagnosis? Microscopic 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 1939
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury fall
Nature of injury fall

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. Gross M. D.
(Address) Grant City Mo.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2.
5014-9-19-39
I X16605

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

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 Arch C. Duffee
Licensed Embalmer No. 3252
P. O. Address Grant City, 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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37507
Do not use this space.

1. PLACE OF DEATH
 (a) County North Registration District No. 903
 (b) Township Grant City Primary Registration District No. HS-45
 (c) City Grant 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alvilda Benson
 (a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 0 21

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. None
 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) Grant City Mo

13. NAME Wm Toland
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Margaret Harris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mildred [unclear] Grant City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City DATE 11 1937

19. FUNERAL DIRECTOR (ADDRESS) Arch G. [unclear] Grant City Mo

20. FILED 1-9 AO Fred Muller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to Nov 7 1937
 I last saw deceased alive on Nov 2 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of liver Date of onset _____
 Other contributory causes of importance: _____
 Name of operation Exploratory 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) P. J. Ross _____ M. D.
 (Address) Grant City Mo

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

KOLLEKTOR

