

Registration District No. **809**

Primary Registration District No. **6128**

Registrar's No. **39**

1. PLACE OF DEATH: **Taney Co., Mo.**
 (a) County **Taney**
 (b) City or town **Rural**
 (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 years, months or days)
 In this community: **—**

3. (a) PRINT FULL NAME **SALINA P. BENTON**
 8. (b) If veteran, name war: **—** 8. (c) Social Security No.: **—**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **J. W. Clinton** 6. (c) Age of husband or wife if alive **18** years
 7. Birth date of deceased **Aug 8 1866**
 (Month) (Day) (Year)

8. AGE: Years **73** Months **3** Day **7** If less than one day hr. min.

9. Birthplace **Taney Co., Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **—**

12. Name **James P. Benton**

18. Birthplace **Mo.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Basie**
 15. Birthplace **Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Alice Brazier**

(b) Address **1 Hanson Road**

17. (a) **Burial** (b) Date thereof **11 9 1939**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Loyalton Cemetery**

18. (a) Signature of funeral director **J. B. Mitchell**

(b) Address **1 Hanson Road**

19. (a) **11 9 1939** (b) **John A. Baxter**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Taney**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Brandon Township**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **—** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** year **1939** hour **7** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Aug 18 1939** to **Nov 9 1939**, that I last saw her alive on **Nov 7 1939** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremic Coma**
 Due to **acute Parenchymatous Nephritis**
 Date to **—**

Other conditions **arterio-sclerosis**
 (Include pregnancy within 3 months of death)
 Major findings: **High Blood Pressure**
 Of operations: **Jay B. Mitchell**
 Of autopsy: **—**

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **—**
 (b) Date of occurrence **—**
 (c) Where did injury occur? (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
 23. Signature **Jay B. Mitchell** (M. D. or other)
 Address **Brandon, Mo.** Date signed **11-9-39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2404

Date Filed DEC 4 1939

120

State Dir
Xmas

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

41028
Do not use this space.

1. PLACE OF DEATH
 (a) County Taney Registration District No. 839
 (b) Township Branson Primary Registration District No. 6128 Registered No. _____
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Salina P. Oliver
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>73</u>	<u>3</u>	<u>7</u>	

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) _____

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

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

17. INFORMANT (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.
 19. FUNERAL DIRECTOR (ADDRESS) _____
 20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
ursemic coma
acute parenchymatous nephritis
 caused by _____
 Date of onset _____

Other contributory causes of importance:
arterio-sclerosis
High Blood Pressure 47

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) Ray B. Mitchell, M. D.
 (Address) Branson

SUPPLEMENTARY

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.

Local Registrar.

