

43709

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 117Primary Registration District No. 3021Registrar's No. 113

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Wells, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
James Chasman Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 27 years (Specify whether
 years, months or days)

8. (a) PRINT FULL NAME Benjamin G. Medley3. (b) If veteran, name war 3. (c) Social Security No. 3404. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Rosal Medley 6. (c) Age of husband or wife if alive 48 years7. Birth date of deceased October 11 1890
(Month) (Day) (Year)8. AGE: Years 49 Months 1 Days 21 If less than one day hr. _____ min. _____9. Birthplace SALEM MO.
(City, town, or county) (State or foreign country)10. Usual occupation Fireman Road District 911. Industry or business City of Carterville12. Name Brener, Benjamin13. Birthplace Unknown Unknown
(City, town, & county) (State or foreign country)14. Maiden name Jules Medley15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Rosal Medley
(b) Address 407 N. Front Street17. (a) Burial (b) Date thereof Dec 4 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Carterville, Mo.18. (a) Signature of funeral director Wells City, Mo.
(b) Address Wells City, Mo.19. (a) DEC. 5, 39 (b) P. T. Pritchard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carterville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 407 N. Front Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd
year 1939 hour 12 minute 10 P. M.21. I hereby certify that I attended the deceased from 11-23-39
_____, 19____, to 12-2-, 1939;
that I last saw him alive on 12-2-, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

Other conditions: 108
(Includes 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) _____
(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?
_____ (Specify type of place)While at work? _____ (e) Means of injury _____
23. Signature C. J. Gregory (M. D. or other) _____
Address Wells City, Mo. Date signed 12/4/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 140-417

Date Filed JAN 5 1940

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

working under my personal supervision.

Signed Chytee M. Johnson

Licensed Embalmer No. 3,922

P. O. Address Wells 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.