V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

44094
State File No.

Registration District No. 289 — Primary Registration District No. 5787B — Registrar's No. 30

1. PLACE OF DEATH:
(a) County Montgomery. Bon Creek Twp
(b) City or town Bell-flower, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Private Care. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In ~~hospital or institution~~ 7 Months
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Mo. (b) County Montgomery.
(c) City or town Americus, 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.? no years.

3. (a) PRINT FULL NAME Amanda Ellen. Benskin, 525
3. (b) If veteran, name war
8. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Oct 10th (Month) (Day) I858 (Year)

8. AGE: Years	Months	Days	If less than one day
8I	2	20	hr. min.

9. Birthplace Portland, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business

MOTHER
12. Name M.M.Atterberry,
13. Birthplace Unknown, (City, town, or county) Kentucke. (State or foreign country)

FATHER
14. Maiden name Rida Gee,
15. Birthplace Unknown. (City, town, or county) Kentucke. (State or foreign country)

16. (a) Informant John Benskin
(b) Address Gasconade Mo
17. (a) Burial Benskin Cemetery (Burial, cremation, or removal) (b) Date thereof Jan 2nd I94 (Month) (Day) (Year)
(c) Place: burial or cremation Benskin Cemetery
18. (a) Signature of funeral director Gordon Bailey
(b) Address Americus Mo
19. (a) Jan. 4. 1940 (Date received local registrar) Mary Lou Fleming (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1939 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from June 24, 1939, to Dec 30, 1939; that I last saw her alive on Dec. 29, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism	12/30/39
Due to Chronic endocarditis	
arterio - sclerosis	
Due to Chronic interstitial nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1/31	
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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature A. H. Van Arsdale (M. D. or other) DO
Address Box 202 Bellflower, Mo Date signed 12/30/39

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(Licensed Embalmer's Statement on Reverse Side)

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.