

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.

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

6805

Do not use this space.

## 1. PLACE OF DEATH

(a) County Newey Registration District No. 384  
(b) Township West Plains Primary Registration District No. 4227  
(c) City West Plains, Mo. (d) Street 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 514 Hannah Benfield 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) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4-1856  
7. AGE YEARS 83 MONTHS 7 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. Housewife  
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) Missouri13. NAME unk-14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "15. MAIDEN NAME "16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "17. INFORMANT (ADDRESS) Lee Benfield Mrs18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE 1-5-194019. FUNERAL DIRECTOR (NAME) (ADDRESS) Robertson20. FILED 2-20-1940 Vida N. SIMONS Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1939, to Jan. 3rd, 1940.  
I last saw h. or alive on Jan. 3rd, 1940. Death is said to have occurred on the date stated above, at 8:10 P. m.  
The principal cause of death and related causes of importance were as follows:

Broncho-PneumoniaDate of onset Dec. 20th, 39

Other contributory causes of importance:

Chronic Myo-carditis with valvular defecency Undetermined.Name of operation xxx Date of xxWhat test confirmed diagnosis? Clinical 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?

If so, specify asthma long h. M. D.(Signed) Dr. Thambues(Address) West Plains, Missouri.Dr. Thambues

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.

District Medical Officer No 6,

District File Number...346254

Date Filed...3.8.40

Signed

*Frederic A. Robertson*

Licensed Embalmer No. 3435

P. O. Address...West Ham

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.