

Registration District No. 683

Primary Registration District No. 5911

1. PLACE OF DEATH: Pike
 (a) County Pike
 (b) City or town Bowling Green Rural Ashley
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution. (Specify whether
 In this community _____
 years, months or days) 5 10

3. (a) PRINT FULL NAME Katherine Benton
 3. (b) If veteran, name war _____ 3. (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 Herman Benton 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 9 1849
 (Month) (Day) (Year)

8. AGE: Years 91 Months 1 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Germany — Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Hempfen
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Don't know
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jahn P. Kerkamp

(b) Address Bowling Green Mo

17. (a) BURIAL (b) Date thereof 3-6-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clement's Cem

18. (a) Signature of funeral director Grace Bradford

(b) Address Bowling Green Mo

19. (a) Mar. 5-1940 Mrs. Lysa Moore
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pike
 (c) City or town Bowling Green Rural
 (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.? 75 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23 1940
 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2-9-40
3-4-40, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 6 days

Due to _____

Due to _____

Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings: Of operations Y

Of autopsy MD

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? 27

While at work? _____ (Specify type of place) _____ Means of injury _____

23. Signature T. H. Wheeler (M. D. or other) _____

Address Bowling Green Mo Date signed _____

WHILE FILLING IN USE WRITING BLACK INK—MAKE A PERMANENT RECORD

1 10881

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. 10

District File Number 4-40-719

Date Filed APR 4 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.....

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

working under my personal supervision.

Signed Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bawling Green, Ind

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.