

1. 2
10-39
7-39
X21492

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14563

State File No. _____

Registration District No. 156

Primary Registration District No. 4090

Registrar's No. 26

1. PLACE OF DEATH

(a) County Cass
(b) City or town Harrisonville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community L
years, months or days) 1 1/2

3. (a) PRINT FULL NAME BENJAMIN LORAN SAKIS BUR

8. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Emma Oak 6. (c) Age of husband or wife if alive Grant (husband) 40

7. Birth date of deceased May 13 - 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Madison Count Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Marshall-Cauliar, Mo

11. Industry or business _____

12. Name Don't Know

13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Ellen

15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant social security office

(b) Address Harrisonville Mo

17. (a) burial (b) Date thereof 7/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURIAL IN DELTON MO
RUNNETSBURG'S

18. (a) Signature of funeral director HARRISONVILLE, MO.

(b) Address 1120-70

19. (a) (Date received local registrar) 7-20-40 (b) Pedersen, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Peculiar Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1940 hour 7 P. minute 0 M.

21. I hereby certify that I attended the deceased from 2/1/40
_____ 19____ to 7-15-40 19____;
that I last saw him alive on 4-15-40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death malignancy of stomach and liver Duration 1 yr

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy no

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? 845

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

23. Signature Pedersen, M.D. (M. D. or other) MD

Address Harrisonville Date signed 7-20-40

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

MOTHER FATHER

PHYSICIAN
Underlines the cause to which death should be charged statistically.

46

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 Ernest Remmerberg

Licensed Embalmer No. 9 336

P. O. Address Harrisonville

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14563

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 156

Primary Registration District No. 4090

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Cass
 (b) City or town Harrisonville
 (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)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ (Specify whether _____)
 years, months or days

3. (a) PRINT FULL NAME Benjamin Horan Salisbury
 (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
 6. (a) Single, widowed, married, divorced Div
 6. (b) Name of husband or wife _____
 6. (c) Age of husband, or wife, if alive _____ year
 7. Birth date of deceased (Month) (Day) (Year) _____

8. AGE: Years 70 Months 11 Days 7 If less than one day _____ min.
 9. Birthplace (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____
 MOTHER FATHER { 12. Name _____
 13. Birthplace (City, town, or county) _____ (State or foreign country) _____
 14. Maiden name _____
 15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____
 (b) Address _____

17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place of burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) Apr 20, 1940 (b) Ben Wensley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (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.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr day 19
 year 1940 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 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 malignancy
Stomach & Liver
 Due to Primary site of malignancy
probably in stomach
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 46
 Major findings:
 Of operations _____
 Of autopsy _____

Duration
 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) _____ (e) Means of injury _____
 While at work? _____
 23. Signature J. E. Wensley (M. D. or other) _____
 Address Harrisonville Date signed _____

S-14563