No. 2
1-10-39
17-39
X21492

FILED MAY 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15809

Registration District No. 685 Primary Registration District No. 5909-B. Registrar's No. 7

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

2

1. PLACE OF DEATH:

(a) County Pike Calumet

(b) ~~City or town~~ Clarksville, Mo. Rural
(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 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. 4-Miles West Clarksville
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Roberta Benedict Bawles 400

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~~ Henry Bawles

6. (c) Age of husband or ~~wife if~~ alive Dead years

7. Birth date of deceased 12 (Month) — 8 (Day) — 1855 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	4	14	— hr. — min.

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

10. Usual occupation House Wife 1

11. Industry or business

FATHER
12. Name Lewis Benedict 7
13. Birthplace — (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Jane Ann Ball
15. Birthplace — (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Claude Bawles
(b) Address Clarksville Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4-23-1940 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ New London, Mo

18. (a) Signature of funeral director J. H. Brown + Son
(b) Address Clarksville Mo

19. (a) May 1-1940 (Date received local registrar) (b) H W Treadway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1940 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from April first, 1940 to April 22, 1940 that I last saw her alive on April 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Peritoneum — Duration Unknown

Due to Senile Dementia — Unknown

Due to Arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death) 46

Major findings:
Of operations
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? 617 (Specify type of place)
While at work? — (e) Means of injury —

23. Signature E M Bartlett (M. D. ~~or other~~)
Address Clarksville Date signed 4/22/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-40-1041
Date Filed MAY 14 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 C H Brown, Registered Apprentice No. —
working under my personal supervision.

Signed C H Brown

Licensed Embalmer No. 2648-

P. O. Address Clarksville, 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.