

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

15911

Do not use this space.

## 1. PLACE OF DEATH

(a) County Repley Registration District No. 754  
(b) Township Washington Primary Registration District No. 5995  
(c) City Repley (d) Street No. \_\_\_\_\_ St.  
(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? 40 yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Frank Benedict St. Repley Co. Mo. (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Benedict  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1878  
7. AGE YEARS 66 MONTHS 5 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. X  
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) Yugoslavia

13. NAME John Benedict

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yugoslavia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Rosie Thundie (ADDRESS) Repley Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Anne's DATE 3/12

19. FUNERAL DIRECTOR (NAME) Minnie Lish (ADDRESS) \_\_\_\_\_

20. FILED 3/12 19 40 Steele Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12 19 40

22. I HEREBY CERTIFY, That I attended deceased from 3/9 19 40, to 3/12 19 40

I last saw him alive on 3/9 19 40. Death is said to have occurred on the date stated above, at 4:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Influenza  
Bronchitis  
followed by heart attack  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 110

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Throat Was there an autopsy? Yes

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? No

If so, specify \_\_\_\_\_ (Signed) Steele \_\_\_\_\_, M. D.  
675 (Address) Repley Mo.

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.

RECEIVED

District Health Officer No. 5,

District File Number 440 F 90

Date Filed 42440

Signed B. C. Mc Card

Licensed Embalmer No. 4079

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.