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

FILED JUL 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21287

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 692

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days, (Specify whether

In this community 14 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Saint Joseph, (If outside city or town limits write "RURAL")

(d) Street No. 2621 Felix Street, (If rural, give location)

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

3. (a) PRINT FULL NAME Vaun Howard Benjamin, 525

3. (b) If veteran, name war None,

3. (c) Social Security No. 496-03-3640

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Marie Benjamin,

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased October 27, 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	8	0	hr. min.

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

10. Usual occupation Traveling Salesman,

11. Industry or business Seeds

FATHER
12. Name Daniel M. Benjamin,
13. Birthplace Effingham, (City, town, or county) Kansas, (State or foreign country)

MOTHER
14. Maiden name Martha Linenberry,
15. Birthplace Effingham, (City, town, or county) Kansas, (State or foreign country)

16. (a) Informant Mrs. Vaun H. Benjamin

(b) Address 2621 Felix Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Heaton Bergole Bowman Funeral

(b) Address 319 So. 10th Street, Home

19. (a) 6/28/40 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th. year 1940 hour 12:00 minute 10 am

21. I hereby certify that I attended the deceased from June 21, 1940 to June 27, 1940 that I last saw him alive on June 26, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 days
Due to Cardio-Vascular Renal Disease	10 months
Due to Essential Hypertension	16 months
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations no operation

Of autopsy no 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? 85 (Specify type of place)

While at work? (e) Means of injury

23. Signature Gordon D. Wright M.D. (M.D. or other)

Address 845 So 19th St. St. Joseph Mo Date signed 6/28/40

(Licensed Embalmer's Statement on Reverse Side)

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~~ June 27

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

working under my personal supervision.

Signed W. E. Simmerfield

Licensed Embalmer No. 13007

P. O. Address 319 So 10 St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.