

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21481
Registrar's No. 32

Registration District No. 1045

Primary Registration District No. 5231

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

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.

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Rural—Linn 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 years, months or days)

3. (a) PRINT FULL NAME "Baby" Benham
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 23 - 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 18 hr. _____ min.

9. Birthplace Stockton, Cedar County
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____
MOTHER FATHER { 12. Name John H. Benham
13. Birthplace Stockton, Mo.
14. Maiden name Ida West
15. Birthplace Stockton, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Benham
(b) Address Stockton, Mo.

17. (a) Pankay (b) Date thereof June 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director M.C. Davis & Co
(b) Address Stockton, Mo.

19. (a) July 3 (b) Mrs. Minnie Carleton
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION 24
20. DATE OF DEATH: Month June day 23 24
year 1940 hour 10 minute 45 A. M.
21. I hereby certify that I attended the deceased from June 23,
1940, to June 23, 1940;
that I last saw him alive on June 23, 1940;
and that death occurred on the date and hour stated above.
Immediate cause of death Prematurity (6 mo.) Duration 18 hr.
Due to _____
Due to 154
Other conditions none
(Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none
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? 935
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Benard C. Adler (M. D. or other) M.D.
Address Stockton, Mo. Date signed 6-24-40

Not Embalmed

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.....

Licensed Embalmer No.....

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.