

NOV 15 1940

Registration District No. 25

Primary Registration District No. 3009

Registrar's No. 354

1. PLACE OF DEATH:

(a) County. Cape Girardeau Co
 (b) City or town. Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: South East Hospital 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 1 day Specify whether
 In this community. 2 months
 years, months or days)

3. (a) PRINT
FULL NAMEMaudie Benton3. (b) If veteran,
name war3. (c) Social Security
No.4. Sex. Female5. Color or
race. White6. (a) Single, widowed, married,
divorced. Married4. (b) Name of husband or wife
Simon Benton6. (c) Age of husband or wife if
alive. 39 years7. Birth date of deceased. Oct 12 1899
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

4111

hr. min.

9. Birthplace.

Butler County 9
(City, town, or county) (State or foreign country)

10. Usual occupation.

House work. 9

11. Industry or business

MOTHER FATHER

12. Name

Don't know 9

18. Birthplace

" " 9
(City, town, or county) (State or foreign country)

14. Maiden name

Don't know 9
(City, town, or county) (State or foreign country)

15. Birthplace

" " 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature.

Simon Benton

(b) Address.

Cape Girardeau R 217. (a) Crem. Mo

(Burial, cremation, or removal)

(b) Date thereof.

10-25-40
(Month) (Day) (Year)

(c) Place: burial or cremation.

Bethel Chapel

18. (a) Signature of funeral director.

Arthur J. H. H. H.

(b) Address.

118 S. Sprigg Cape Girardeau19. (a) 10-25-40

(Date received local registrar)

(b) J. M. Thompson

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Butler
 (c) City or town. Poplar Bluff Mo
 (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 October day 23
year 1940 hour 1 minute 40 PM.21. I hereby certify that I attended the deceased from October 22
1940 to October 23, 1940
that I last saw her alive on October 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death.

Tetanus

Duration

2 days

Due to.

Wound resultant
of a fall 1 week
previous

Due to.

Other conditions

(Include pregnancy within 3 months of death)

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?

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

23. Signature.

H. A. Reynolds

(M. D. or other)

Address.

836 Thomas St.Date signed 10-25-40

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.....

W. H. Estes....., Registered Apprentice No.....
working under my personal supervision.

Signed..... W. H. Estes.....

Licensed Embalmer No. 3568.....

P. O. Address Cape Girardeau.....
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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34989

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. _____

ROWENA MOORE

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(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 _____)

3. (a) PRINT FULL NAME Maudie Benton

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

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	Months	Days	If less than one day
	<u>41</u>		<u>11</u>	hr. 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 _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-16-41 (b) J. M. Thompson
(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 Oct day 23
year _____ 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 _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature G. G. Reynolds (M. D. or other) _____
Address Cape Girardeau Date signed 1940

SUPPLEMENTARY

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

