

NOV 15 1940

Registration District No. 81

Primary Registration District No. 4107

Registrar's No.

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town Billings  
(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) 20  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days)

8. (a) PRINT FULL NAME John Ferd Benasch

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wilhelmina Benasch 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 6, 1847  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
93 3 21 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER  
(City, town, or county) (State or foreign country)

11. Industry or business A

12. Name John Benasch

13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Benasch

(b) Address Billings, Mo

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

(c) Place: burial or cremation SMART Cem

18. (a) Signature of funeral director Ed Waller

(b) Address Billings, Mo.

19. (a) Oct 30-1940 (b) Mrs. Louise Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Christian  
(c) City or town Billings  
(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.? 75 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27  
year 1940 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from Oct 25, 1940 to Oct 26, 1940; that I last saw him alive on Oct 26, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 3 days

Due to arteriosclerosis

Due to senility

Other conditions gla  
(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? \_\_\_\_\_

977 (Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature Charles A. Seave (M. D. or other) MD

Address Billings, Missouri Date signed 10-28-40

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

RECEIVED

District Health Officer No. 6;

District File Number 1140-2790

Date Filed NOV 4 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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Billings, 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.**