

STANDARD CERTIFICATE OF DEATH

State File No. 35282

Registration District No. 308

Primary Registration District No. 2496

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Discoveade

(b) City or town Rural
(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 20
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5722 VERNON
(If rural, give location)

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

8. (a) PRINT FULL NAME Benjamin Franklin Harry

8. (b) If veteran, name war. ✓

8. (c) Social Security No. 497-03-7649

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th
year 1940 hour 7:30 minute _____ P. M.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Maybelle Harry

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased. 17 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 27 1940 to Oct 6 1940
that I last saw him alive on Sept 27 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 4 Days 19
If less than one day _____ hr. _____ min.

Immediate cause of death Gastric Cancer

Due to _____

Due to 4 1/2

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

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

10. Usual occupation Carpenter

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name James Harry

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

14. Maiden name Neome Keff

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

16. (a) Informant Ma Maybelle Harry

(b) Address 5722 Vernon - St. Louis, Mo.

17. (a) Burial (b) Date thereof Oct 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

(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 _____

18. (a) Signature of funeral director Blair

(b) Address Blair

19. (a) Oct 7 1940 (b) Mrs. Mallie Sprague
(Date received local registrar) (Registrar's signature)

23. Signature C. Bunge (M. D. or not) 1

Address Blair Mo Date signed Oct 7

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

7

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.....

Chester Sassmann

Registered Apprentice No. *216*

working under my personal supervision.

Signed

Robert M Murray

Licensed Embalmer No. *3749*

P. O. Address *Owensville, 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.