

Registration District No. 7

Primary Registration District No. 56.3.3

Registrar's No.

NOV 20 1940

1. PLACE OF DEATH:

(a) County Lawrence
 (b) City or town Mt. Vernon Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Sanatorium 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days
 (Specify whether
 In this community 16 days
 years, months or days)

3. (a) PRINT FULL NAME Nannie Benham

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 16 1886
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 11 0 hr. min.

9. Birthplace Hazel Run Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business none

12. Name William Benham

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

14. Maiden name Lophie Reed

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

16. (a) Informant Dr. C. E. Hellweg

(b) Address Missouri State Sanatorium

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

(c) Place: burial or cremation Marvin Chapel, St. Francois Mo

18. (a) Signature of funeral director Wm Benham

(b) Address Bonne Terre Mo

19. (a) 10-16-40 (b) P. A. HOLMES
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
 (c) City or town Bonne Terre 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

20. DATE OF DEATH: Month October day 16th
 year 1940 hour 7:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 1st, 1940, to October 16, 1940;
 that I last saw him alive on October 16, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 10 mo.

Due to _____
 Due to Diabetes Mellitus

Other conditions (include pregnancy within 3 months of death)
Diabetes Mellitus

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

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

23. Signature C. E. Hellweg M.D. (M. D. or other)
 Address Mt. Vernon, Mo. Date signed 10/16/40

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

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.