

NOV 30 1940

STANDARD CERTIFICATE OF DEATH

State File No. 35712

Registration District No. 1054

Primary Registration District No. 5631

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway 66 Near Plew Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Tulsa
(c) City or town Coweta
(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.

3. (a) PRINT FULL NAME Henry Bench

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

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

6. (b) Name of husband or wife Angeline Bench 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Not Known
(Month) (Day) (Year)

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

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

10. Usual occupation Retired Farmer

11. Industry or business ?

12. Name Christford Bench

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Glenna Johnson
(b) Address Tulsa Oklahoma

17. (a) Removal (b) Date thereof 10/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Broken Arrow Okla.

18. (a) Signature of funeral director S. F. King
(b) Address Aurora Mo.

19. (a) Oct 15 40 (b) Alta Wilson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on after death _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Frontal Fracture of skull
Due to Car wreck
Due to passenger in car

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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) accident
(b) Date of occurrence Oct - 13 - 1940
(c) Where did injury occur? Lawrence Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
While at work? no (Specify type of place) (e) Means of injury car wreck
23. Signature Verma Durridge Corner M. D. or other _____
Address Aurora Mo. Date signed _____

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

210M
A

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

Herman L. Luridge

Licensed Embalmer No. *3072*

P. O. Address *Aurora Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
2-21-40
I X22659

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35712**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **1054**

Primary Registration District No. **5631**

Registrar's No. _____

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

1. PLACE OF BIRTH:

(a) County **Lawrence**

(b) City or town **Red Oak, T. P.**
(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 years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Henry Bench**

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 **wid**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

(Month) _____ (Day) _____ (Year) _____

8. AGE:

Years	Months	Days	If less than one day
86			hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

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 _____
(Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(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 **13**
year **1940** 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 **Skull fracture**

Due to **Car wreck**

Due to **Passenger in car**

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

Major findings: **Collision with another auto**

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) _____ **acc**

(b) Date of occurrence _____ **10/13/1940**

(c) Where did injury occur? **Lawrence Co mo**
(City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Hwy

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTAL

