

Registration District No. **638**Primary Registration District No. **3028**Registrar's No. **7D**

1. PLACE OF DEATH:

- (a) County Madison
 (b) City or town Fredericktown
 (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
- NOV-DEC 1940**

In this community years
years, months or days 23. (a) PRINT FULL NAME Horace Hayden Benedict

8. (b) If veteran, name war Civil 8. (c) Social Security No. _____

4. Sex M 5. Color of race A 6. (a) Single, widowed, married, divorced Married9. (b) Name of husband or wife Mary Hallet Benedict 6. (c) Age of husband or wife if alive ✓ years _____7. Birth date of deceased Jan 11 1843
(Month) (Day) (Year)8. AGE: Years 97 Months 9 Days 20 If less than one day _____ hr. _____ min.9. Birthplace Waterstown New York
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business

12. Name Amity Benedict
 13. Birthplace Waterstown New York
 (City, town, or county) (State or foreign country)
 14. Maiden name Hasty Reynolds
 15. Birthplace Waterstown New York
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Truman B. Benedict(b) Address Carthage, Missouri17. (a) Burial (b) Date thereof Nov 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fredericktown Mo18. (a) Signature of general director E. H. Helleb(b) Address Fredericktown Mo.19. (a) Nov 2 1940 (b) S. C. S. Canaway
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Madison
 (c) City or town Fredericktown Mo
 (If outside city or town limits, write "RURAL")

(d) No. 1940 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov-1st day _____
year 1940 hour 4 minute X M.21. I hereby certify that I attended the deceased from Oct 31st 1940, to Nov-1 1940
that I last saw him alive on Oct 31 1940
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusion following Angina pectoris Duration 8 hoursDue to 9410

Due to _____

Other conditions General debility
(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? _____

(e) Means of injury _____ (Specify type of place)

23. Signature W. H. Barron (M. D. or other) _____Address Fredericktown Mo Date signed 11/2/40

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.....

Myron A. LaPee, Registered Apprentice No.....
working under my personal supervision.

Signed *Myron A. LaPee*
Licensed Embalmer No. *4025*
P. O. Address *Fredricktown, Md.*

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.