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

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2322

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1016 E. High
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1016 E. High 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life 0 years.

3. (a) PRINT FULL NAME HOWARD ISOM BENTON

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 9 (Day) 1925 (Year)

8. AGE: Years 15 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business School

MOTHER FATHER
12. Name Isom Benton
13. Birthplace Maries County (City, town, or county) Missouri (State or foreign country)

MOTHER FATHER
14. Maiden name Viola Tillman
15. Birthplace Jefferson City, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Isom Benton
(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/41 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection, J.C.Mo.

18. (a) Signature of funeral director John F. Hemmick
(b) Address 712 E. High, J. C. Mo.

19. (a) 1-6-41 (Date received local registrar) (b) Du Bessford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
year 1941 hour 1 AM minute M.

21. I hereby certify that I attended the deceased from Jan. 4th, 1941, to Jan 5, 1941;
that I last saw him alive on Jan 4, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Emboli to Brain.	12 hr
Due to Gun shot wound & left leg. accidental shooting	12 hr
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 Jan 4-41
(c) Where did injury occur? in Jefferson City Cole Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? near Mo River (Specify type of place)
While at work? no (e) Means of injury gun fire
22 rifle

23. Signature James A. Hill. (M. D. or other) D
Address 514 Trust Bldg Date signed 1-6-41

(Licensed Embalmer's Statement on Reverse Side)

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 Elbert E. White

Licensed Embalmer No. 4168

P. O. Address 712 E. High Jefferson City, 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, fact should be so stated above.