

No. 2
4-13-40
5-17-39
I X23

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

MAR 11 1941

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:
 (a) County **BUCHANAN**
 (b) City or town **ST. JOSEPH**
 (c) Name of hospital or institution: **STATE HOSPITAL No. 2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **18 ds.**
 In this community **all of life 18 days**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO.** (b) County **Livingston**
 (c) City or town **Chillicothe**
 (d) Street No. **1573 Calhoun**
 (e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **Wm. A. Bensch**
 (b) If veteran, name war **World War**
 (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb.** day **11**
 year **1941** hour **11-10** minutes **100** M.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, divorced, **married**
 (b) Name of husband or wife **Elizabeth** (c) Age of husband or wife if alive **55** years
 7. Birth date of deceased **Oct. 10 1881**

21. I hereby certify that I attended the deceased from **Jan. 24, 1941** to **Feb. 11, 1941**
 that I last saw him alive on **Feb. 11, 1941**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	59	7	1	

Immediate cause of death **Chronic myocarditis**
 Due to **Syphilitic meningoenephalitis**
 Due to **1 yr.**

9. Birthplace **Chillicothe Mo.**
 (City, town, or county) (State or foreign country)

Other conditions **marked arrhythmia and cardiac decompensation**
 (Include pregnancy within 3 months of death)

10. Usual occupation **druggist**
 11. Industry or business
 12. Name **Nicholas Bensch**
 13. Birthplace **Bern**
 14. Maiden name **Henny Burg**
 15. Birthplace **Bern**

Major findings:
 Of operations **30 B**
 Of autopsy **—**

16. (a) Informant **Mrs. Elizabeth Bensch**
 (b) Address **Chillicothe Mo.**
 17. (a) **Removal** (b) Date thereof **2-12-41**
 (c) Place: burial or cremation **Chillicothe, Mo.**

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

18. (a) Signature of funeral director **F. B. Norman**
 (b) Address **Chillicothe, Mo.**
 19. (a) **Feb 17 1941** (b) **[Signature]**

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature **F. J. D. D. [Signature]** (M. D. or other) **3/2/41**
 Address **STATE HOSP. #2 ST. JOSEPH MO.** Date signed **3/2/41**

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 E. R. Roman

Licensed Embalmer No. 2374

P. O. Address Chelmsworth, Mass

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.