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REC'D MAR 19 1941

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
133 East Springfield St.
(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

3. (a) PRINT FULL NAME William Lee Benbrook

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 Married
6. (b) Name of husband or wife Martha Benbrook 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Oct. 7 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 5 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name W.D. Benbrook
13. Birthplace ? Kentucky /
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Ellen Burns
15. Birthplace ? Pa. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr W.D. Taylor
(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof Feb. 14/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director J.P. King
(b) Address Aurora Mo. 11.0

19. (a) 3/11/41 (b) R. D. Cowan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Aurora /
(If outside city or town limits, write "RURAL")
(d) Street No. 133 East Springfield St.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1-1940
Feb. 17th 1941
that I last saw him alive on Feb 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Seizure or
General tuberculosis of lungs

Due to _____
Due to 17/41
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

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

23. Signature W.D. Taylor (M. D. or other) D
Address Aurora, Mo Date signed Feb. 13

RECEIVED

District Health Officer No: 61

District File Number 341-367

Date Filed MAR 5 1941

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 Herma Swridge

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 with the above constitutes grounds for revocation of license.)

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