

APR 9 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11232

Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln
(b) Township Linn
(c) City Lincoln
(e) Length of residence in city or town where death occurred 17 yrs, 5 mos, 3 ds.

Registration District No. 1486
Primary Registration District No. 5649
(d) Street No. 0
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Rural Elsbury, Mo. St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7, 1863
7. AGE YEARS 77 MONTHS 5 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lincoln Mo (STATE OR COUNTRY)

13. NAME Henry Martin Benear
14. BIRTHPLACE (CITY OR TOWN) U. A. I (STATE OR COUNTRY)

15. MAIDEN NAME Mary Jane Watts
16. BIRTHPLACE (CITY OR TOWN) Lincoln Mo (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Roy Benear
St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elsbury DATE Mar 12, 1941

19. FUNERAL DIRECTOR (NAME) W. B. Bradley (ADDRESS) Elsbury Mo

20. FILED Mar 15, 1941 Acw Powell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1941, to Mar 10, 1941
I last saw him alive on Mar 7, 1941 Death is said to have occurred on the date stated above, at 8:20 p.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Hypertension

Date of onset

1 mo.

Other contributory causes of importance: g. 2nd

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) M. E. Muntley M. D.
(Address) Elsbury Mo

STATEMENT BY LICENSED EMBALMER

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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

W. H. Bradley

Licensed Embalmer No.

8926

P. O. Address

Elkhart

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.