

Registration District No. 895

Primary Registration District No. 6197

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Leeper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Leeper, Missouri
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Wayne
(c) City or town LEEPER
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME RACHEL MARGARET BENSON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JAMES BENSON 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 5 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 0 If less than one day hr. _____ min. _____

9. Birthplace BRAZIL Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business _____
12. Name FRANCIS MARRIAN FITZWATER
13. Birthplace Keppville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name LAVENA KEIP
15. Birthplace Keysville Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant PERSONAL
(b) Address _____

17. (a) BURIAL (b) Date thereof JAN 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MILLS PRING

18. (a) Signature of funeral director N. W. Dish
(b) Address Redmont Mo

19. (a) 4-55-1941 (b) _____
(Date received local registrar) (Registrar's signature)
Nelen Nenson

Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 5 year 1941 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 12-2 _____, 1940, to JAN 5 _____, 1941
that I last saw her alive on 11 _____, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza and pneumonia
Duration _____

Due to _____

Due to MI
3/6

Other conditions _____
(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? 1971

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

23. Signature D. C. O'Neil (M. D. or other) _____
Address Redmont Mo Date signed _____

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

MOTHER FATHER

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Norman W. Smith

Licensed Embalmer No. 3387

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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