

No. 2
-1-4-41
5-17-39
I X28390

FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13867

State File No. _____

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 111

1. PLACE OF DEATH:

(a) County C Boone

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

(c) Name of hospital or institution: Noyes Hospital
(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 Boone

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

(d) Street No. R 4
(If rural, give location)

(e) Citizen of foreign country? ✓ 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BABY Glenda Lou Benedict

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1941 hour 1:20 minute 15 M.

21. I hereby certify that I attended the deceased from April 17
1941 to April 19 1941
that I last saw her alive on April 18 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: APRIL 17th 1941
(Month) (Day) (Year)

Immediate cause of death: Congenital atelectasis (Both Lungs)

Due to: no Congenital Patent

Due to: Acute arteriosclerosis - 1 mg. Arteriosclerosis

Other conditions: Pneumonia, suppurative membranes

Major findings: _____
Of operations _____

Of autopsy: above - mentioned

8. AGE: Years _____ Months _____ Days 2 1/2
hr. _____ min.

9. Birthplace: Boone Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business BABY

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name R. Richard Benedict

13. Birthplace Boone Co MO
(City, town, or county) (State or foreign country)

14. Maiden name MARY HENRY

15. Birthplace Boone Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Richard Benedict

(b) Address R 4 Columbia MO

17. (a) Burial (b) Date thereof April 19 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director R O Willett

(b) Address Columbia MO

19. (a) 4/24/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. number) 0

Address 205 Exchange Bldg Date signed 4/19-41

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

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.....

R. W. Reed
.....
Licensed Embalmer No. *3183*
.....

P. O. Address.....

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.