

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 Corners of Highways # 40 & # 63
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community Entire Life (Specify whether
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. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WALLACE RAYMOND BENTON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thelma Jones 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased 24 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>5</u>	<u>0</u>	hr. min.

9. Birthplace Boone County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Wage Laborer

11. Industry or business _____

12. Name Paul Benton

13. Birthplace Boone County, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Thelma Jones

15. Birthplace Boone County, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Benton

(b) Address 15 Altam Ave, Columbia, Mo

17. (a) Burial (b) Date thereof May 27 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shipping Springs

18. (a) Signature of funeral director Chas. Bess

(b) Address Columbia, Mo

19. (a) 5/27/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 24
year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot Wounds
Due to Resisting arrest by
Colombia Police officers.

Other conditions (Include pregnancy within 3 months of death) 166

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Resisted arrest by Columbia Police

(b) Date of occurrence 5/26-41

(c) Where did injury occur? Highway 40-63
(City or town) (County) (State)

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

(Specify type of place)

(e) Means of injury 3

23. Signature Wain Mason (M. D. or other) Coroner

Address Columbia, Mo Date signed 5/27

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

10
2
4

10
2
4

8688

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. Petrides*.....

Licensed Embalmer No. *3893*.....

P. O. Address *Columbus 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.