

JUL 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21419

State File No. _____

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hrs.
(Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Higginsville 2
(If outside city or town limits, write "RURAL")
(d) Street No. West 17th St. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Sylvester Benton

3. (b) If veteran, name war World 3. (c) Social Security No. 487-05-0636

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced married
7. Birth date of deceased December 12, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 6 0 hr. min.

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

10. Usual occupation Coal miner

11. Industry or business Mining

12. Name Isaiah Benton

13. Birthplace Higginsville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Melinda Ward

15. Birthplace Massoni
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address _____

17. (a) Higginsville, Mo. (b) Date thereof 6-12-41
(Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director Alfred H. Hofer & Sons

(b) Address Funeral Directors, Higginsville, Mo.

19. (a) June 12 - 1941 (b) Miss Bea M. Grackler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
year 1941 hour 9:40 minute A. M.

21. I hereby certify that I attended the deceased from June 12, 1941 to June 12, 1941;
that I last saw him alive on June 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

BRONCHIAL PNEUMONIA

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy No autopsy

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?
150 (Specify type of place)

While at work? _____ (e) Means of injury _____

Signature E.A. WELCH, M.D. (M. D. or other) _____
Address Veterans Administration Date signed 6-12-41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 8 1961

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-9-41

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.....

Licensed Embalmer No.....

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.