

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22076

FILED JUL 19 1941

Registration District No. 477

Primary Registration District No. 477

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Ledersburg Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)
In this community 2 years

3. (a) PRINT FULL NAME

John Elias Benner

3. (b) If veteran, name war

3. (c) Social Security No. 490182899

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Emma Benner

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept 15 1883

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

57

9

-

hr.

min.

9. Birthplace Mt. Sterling

(City, town, or county)

(State or foreign country) Illinois

10. Usual occupation Laborer

11. Industry or business

12. Name George W. Benner

13. Birthplace Williamstown Mo.

(City, town, or county)

(State or foreign country)

14. Maiden name Mc Coy

15. Birthplace Hammer Sta. Ill.

(City, town, or county)

(State or foreign country)

16. (a) Informant Emma Benner

(b) Address Ledersburg, Mo.

17. (a) Buried (b) Date thereof June 18 41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Thomas Ball

(b) Address Evergreen, Mo.

19. (a) 6/17/41 (b) P. W. Jensen

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1941 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 8 1941 to June 15 1941; that I last saw him alive on June 14 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Paralysis
Due to traumatic injury to spinal cord
Due to spinal cord

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence June 1, 1941
(c) Where did injury occur? Hammer, Lewis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm
While at work? yes (Specify type of place) (e) Means of injury 2

23. Signature W. B. Dodson (M.D.)

Address Ledersburg, Mo. Date signed 6/14/41

(Licensed Embalmer's Statement on Reverse Side)

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

1941 - 6 - 15
1883 - 9 - 10
57 - 9

RECEIVED

District Health Officer No. 10

District File Number

7-41-1308

Date Filed

JUL 16 1941

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

Thomas Ball

Licensed Embalmer No.

1744

P. O. Address

Ewing, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22076

Registration District No. 477

Primary Registration District No. 200

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community.

3. (a) PRINT FULLNAME John E. Benner

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ year _____ min.

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Lewis
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June day 15 year _____ hour _____ minute _____ M.

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

Immediate cause of death

Respiratory Paralysis Duration 1 week

Due to Traumatic Injury to spinal cord 1st to 4th dorsal segments

Due to 1st dorsal segment

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

Major findings: Of operations

Of autopsy

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

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence June 1, 1941

(c) Where did injury occur Durham Times Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm - Barn yard

(Specify type of place) While at work? yes (e) Means of injury kick by horse

23. Signature J. B. Dade (M. D. or other)

Address La Grange, Mo. Date signed 8/24/41

SUPPLEMENTARY

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

La Grange, Mo.

