S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 19 1941

Registration District No. 404

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5558

State File No. 25268

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jackson (Washington Tp.)
(b) City or town: White Blue (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Co. Emerg. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: 8214 Oak, Kan. City (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Benson Lucia
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F. 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: M. 1
6. (b) Name of husband or wife: Benson Robert
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan. (Month) 28 (Day) 1918 (Year)
8. AGE: Years 22 Months 5 Days 15 If less than one day hr. min.
9. Birthplace: (City, town, or county) Mo-U (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: Gilbert Elbe
FATHER 13. Birthplace: (City, town, or county) Mo U (State or foreign country)
MOTHER 14. Maiden name: Davis Ruby
MOTHER 15. Birthplace: (City, town, or county) Mo U (State or foreign country)
16. (a) Informant: Jackson Co. Emerg. Hosp.
(b) Address: White Blue
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 7/14/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Harlan C. Nuelle
(b) Address: 7406 Wornall Kan. City Mo.
19. (a) 7-24-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1941 hour 3 minute 12 P.M.
21. I hereby certify that I attended the deceased from July 11, 1941, to July 13, 1941, that I last saw her alive on July 13, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Duration
Due to: carcinomatosis
Due to: Carcinoma of the rectum
Other conditions (Include pregnancy within 3 months of death): Hiatus
Major findings:
Of operations:
Of autopsy: Interstitial metastases

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Louis N Spencer M.D. (M.D. or other)
Address: Lees Blue, Mo Date signed 7-13-41

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1950

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 Harlyn Roe, Registered Apprentice No. ..... working under my personal supervision.

Signed Harlyn Roe

Licensed Embalmer No. 2810

P. O. Address K. Co. 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, above space should be left blank.

7. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 95268

Registration District No. 404 Primary Registration District No. 5558 Registrar's No.

1. PLACE OF DEATH

(a) County Jackson

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

(c) Name of hospital or institution Jackson Co. Emergency (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 7814 Oak (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Irma Benson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

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 years

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

8. AGE: Years 22 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

MOTHER FATHER

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 9-22-41 (Date received local registrar) (b) Mrs Jos. J Brennan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1941 hour minute 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 — Duration

Due to

Due to

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-25268