

FILED AUG 1 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26044

Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 703
 (b) Township Chalklevel Primary Registration District No. 6006 Registered No. 12
 (c) City Louisy City Mo (d) Street No. 1 St. 0
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 74 yrs. 6 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 0

2. PRINT FULL NAME Rosyine Irene Estell Benigar

(a) Residence, No. Louisy City Mo St Clair Co St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - <u>Andrew Jackson Benigar</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 20 1866</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>6</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Near Chalklevel</u> (STATE OR COUNTRY) <u>St Clair Co Missouri</u>		
FATHER	13. NAME <u>Nelson H Allen</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Not Given</u> (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Jane Bybet</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Don't Know</u> (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>Maudie Nicholas</u> <u>Tulsa Okla</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concord Cemetery</u> DATE <u>6/12/41</u> 19 <u>41</u>		
19. FUNERAL DIRECTOR (NAME) <u>H. C. Austin</u> (ADDRESS) <u>Louisy City Mo</u>		
20. FILED <u>June 12, 1941</u> <u>H. S. Stratton</u> <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/11/1941

22. I HEREBY CERTIFY, That I attended deceased from June 3 1941, to 6-10- 1941.
 Last saw him alive on June 9, 1941. Death is said to have occurred on the date stated above, at 7:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
Myocarditis
 Date of onset 3

Other contributory causes of importance: 6/1

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Joseph B. Orill M. D.
 (Address) Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X1603

RECEIVED

District Health Officer No. 7¹

District File Number 7-41-1208

Case Filed 7-28-41

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.

Not Embalmed.

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, above space should be left blank.