

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION
FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28049

State File No. _____
Registrar's No. 118

Registration District No. 198 Primary Registration District No. 3011

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether _____)
In this community _____
years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME Frank Alonzo Benson

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 16, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation Insurance & Real Estate

11. Industry or business _____

MOTHER FATHER { 12. Name Alonzo Benson
13. Birthplace Morrisstown Vermont
(City, town, or county) (State or foreign country)
14. Maiden name Cordelia Emerson
15. Birthplace Chelsey Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Frances C. Haves
(b) Address Excelsior Springs Mo.

17. (a) Burial (b) Date thereof July -17-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cem.

18. (a) Signature of funeral director Claude L. Michael
(b) Address Excelsior Springs Mo.

19. (a) Aug 17-41 (b) Mrs R. M. Bracken
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 15
year 1941 hour 12 minute _____ A.M.

21. I hereby certify that I attended the deceased from 8-8-41 to 8-15-41
that I last saw him alive on 8-15-41
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction following 1. Burns 2. Paralytic Ileus
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 1815
Major findings: Acute & Relapsing
Of operations _____
Of autopsy _____

Duration

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) Accident - Burn
(b) Date of occurrence 8-8-41
(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?

While at work No (Specify type of place) _____
Means of injury Explosion

23. Signature Alonzo Benson (M. D. or other) _____
Address Excelsior Springs Mo. Date signed 8/16/41

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

4
1
1

SEP 17 1941

SEP 22 1941

OCT 6 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-3-41

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 *Claude Prichard*

Licensed Embalmer No. *2957*

P. O. Address *Excelsior Springs*

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.