No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 28466

Registration District No. 384 Primary Registration District No. 4227 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains Mo
(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
In this community 50 yrs 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell
(c) City or town West Plains Mo 046
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country n

3. (a) PRINT FULL NAME Robt Lee Benfield

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

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

6. (b) Name of husband or wife Hannah Garney 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 9-10-1872 (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation Retired Butcher

11. Industry or business

FATHER
12. Name J. C. Benfield
13. Birthplace N. Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha C.
15. Birthplace N. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant W. J. Benfield
(b) Address West Plains, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 7-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation Galloway

18. (a) Signature of funeral director Robert
(b) Address West Plains Mo

19. (a) 7-23-41 (Date received local registrar) (b) Vida W Simons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-6 day 6 P.
year 1941 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from 7-P
7-PM, 1941, to 7-6-, 1941
that I last saw him alive on 7 P.M. - 1941
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Ch - Nephritis | 1 year |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

131a

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? no (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 P D Gunn (M.D. or other)
Address West Plains Mo Date signed 7/15/41

344 (Licensed Embalmer's Statement on Reverse Side) New

RECEIVED
District Health Officer No. 5,
District File Number 8911892
Date Filed

## 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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Paige D Roberts

Licensed Embalmer No. 3435

P. O. Address West Plains, M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**