

Registration District No. 77-772 Primary Registration District No. 6024C

FILED DEC 10 1941

1. PLACE OF DEATH: St Francois Co.  
 (a) County \_\_\_\_\_  
 (b) City or town Rural - Elvins T.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Randolph T. P. Rural  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Benjamin Westly Radford  
 3. (c) Social Security No. \_\_\_\_\_  
 8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 6. Color or race White 6. (a) Single, widowed, married, divorced 7  
 6. (b) Name of husband or wife Maggie Radford 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased July 6 1881  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>5</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Wesley Radford  
 13. Birthplace Reynolds Co Mo. Reynolds Co.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace DK  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lara Kirk  
Elvins 2736 So. 10th Street

17. (a) Burial (b) Date thereof 12/2/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adams Cemetary

18. (a) Signature of funeral director Sparks Ind Co.

(b) Address Elvins Mo.

19. (a) 12-1-41 (b) C. B. Harrow  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St Francois  
 (c) City or town Rural - Elvins T.  
 (If outside city or town limits write "RURAL")  
 (d) Street No. Randolph T. P. Rural  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 12/1/41 day \_\_\_\_\_  
 year 41. hour 2 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 31 to 12-1-41  
 that I last saw him alive on 11-30 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene toes feet  
Diabetes mellitus

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 61

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury ( )

23. Signature W. C. Kaabe (M. D. or other)

Address Desloge Mo Date signed 12-3-41

Duration 7 days  
 PHYSICIAN \_\_\_\_\_  
 Underlines the cause to which death should be charged statistically.

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

4  
0  
0

**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 Beverly Sparks

Licensed Embalmer No. 2639

P. O. Address B. Wins M.

**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.**