

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10040

Registration District No.

Primary Registration District No.

5034

Registrar's No.

36

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico Salt River Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether)
In this community 13 years
years, months or days

3. (a) PRINT FULL NAME Nellie E. Benjamin

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife Henry H. Benjamin 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 2, 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 6 If less than one day
hr. min.

9. Birthplace Liberty, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Joseph Hunsaker

13. Birthplace Ill. (City, town, or county) (State or foreign country)

14. Maiden name

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

16. (a) Informant Mrs. O. H. Turner

(b) Address Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42
(Month) (Day) (Year)

(c) Place: burial or cremation Cherry Box Mo.

18. (a) Signature of funeral director Elmo Canine

(b) Address Mexico, Missouri

19. (a) MAR-10-1942 (Date received local registrar) (b) Margaret A Mackie (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain 004
(c) City or town Mexico 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R. #4 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1942 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 7, 1942 to March 8, 1942
that I last saw him alive on March 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ascending colon
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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) (2) Means of injury

23. Signature R. W. Van Thynghusen (M. D. or other)

Address Mexico Mo. Date signed 3-9-42

(Licensed Embalmer's Statement on Reverse Side)

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

1074

RECEIVED

District Health Officer No. 10

District File Number 4-16-85-2

Date Filed APR 16 1942

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

Clara W. Winkler

Licensed Embalmer No.

3569

P. O. Address

Winkler Bros

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.