

S. No. 2  
4-1-4-41  
7. 5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10140  
Registrar's No. 8

Registration District No. 3006 73

Primary Registration District No. 3006-51-18

10  
2  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County BOONE  
(b) City or town COLUMBIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: XX  
(If not in hospital or institution, write street number or location) f  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community LIFE (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE 010  
(c) City or town COLUMBIA f  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1218 WALNUT ST  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ALICE H. BENTON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife J. WALTER BENTON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JULY 4th 1851  
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace BOONE COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name RUBEN J WADE

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

14. Maiden name ELIZABETH WINGO

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

16. (a) Informant BEULAH HAWKINS

(b) Address 1218 WALNUT ST COLUMBIA

17. (a) BURIAL (b) Date thereof MAR 8th 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COLUMBIA, MO

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) 3-9-42 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 7th  
year 1942 hour \_\_\_\_\_ minute 8 M.

21. I hereby certify that I attended the deceased from 3-3-42 to 3-7-42  
that I last saw him alive on 3-6-42 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days

Due to Arteriosclerosis Small

Due to 83a

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None **PHYSICIAN**

Of autopsy None 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? \_\_\_\_\_ (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) (e) Means of injury \_\_\_\_\_

23. Signature W. D. Hays (M. D. or other) M.D.  
Address Columbia, Mo Date signed 3-7-42

1950 (Licensed Embalmer's Statement on Reverse Side)

817  
Banks

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**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 *Lyman H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, Mo*

**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.**