

FILED JUN 10 1942

Registration District No. 323

Primary Registration District No. 3005

Registrar's No. 12

1. PLACE OF DEATH:

(a) County BATES
(b) City or town RICH HILL, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 3rd & Chestnut 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home
(Specify whether years, months or days) 61 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rich Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 3rd & Chestnut
(If rural, give location)
(e) Citizen of foreign country? N.V. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES SUMNER BENLEY

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

4. Sex M D 5. Color or race W 6. (a) Single, widowed, married, divorced 1 M
6. (b) Name of husband or wife ZULB WHITTAKER 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Aug. 8 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Merchant

11. Industry or business clothing

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Alene Farrell-John

(b) Address 5538 Charlotte, KC MO

17. (a) bur. (Burial, cremation, or removal) (b) Date thereof 7/19/42
(Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) may 19 1942 (Date received local registrar) (b) claudette aline (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day May
year 1942 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 19 1942 to May 17 1942
that I last saw him alive on May 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed [Date]

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 76

District File Number 6-42-590

Date Filed 6-8-42

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.....

John H. Anderson

Licensed Embalmer No. 3585

P. O. Address Butler, 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.