

Registration District No. 461

Primary Registration District No. 5625

Registrar's No. 28

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

1. PLACE OF DEATH: Lafayette
 (a) County. Lafayette
 (b) City or town. Livingston
 (c) Name of hospital or institution: Rural - 9 mi. S.E. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 75 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State. MO (b) County. Lafayette
 (c) City or town. Livingston
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9 mi. S.E.
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME W.M. H Benton.
 3. (b) If veteran, name war — 3. (c) Social Security No. —

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 7
 year 1942 hour 11 minute 45 A.M.

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife. — 6. (c) Age of husband or wife if alive — years (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 30, 1941, to May 4, 1942 that I last saw him alive on May 4, 1942, and that death occurred on the date and hour stated above.

7. Birth date of deceased. Aug 17 1864
 (Month) (Day) (Year)

Immediate cause of death. acute Dilatation Duration
 Due to acute Dilatation ?

8. AGE: Years Months Days If less than one day
77 8 20 hr. min.

Due to Chronic myocarditis 2 yrs
 Other conditions (include pregnancy within 3 months of death)

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

Major findings: Of operations. 930
 Of autopsy —
 PHYSICIAN —
 Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer
 11. Industry or business retired
 12. Name W.H. Benton
 13. Birthplace Wapalo Iowa
 (City, town, or county) (State or foreign country)
 14. Maiden name —
 15. Birthplace Wapalo Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant —
 (b) Address —

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 0

17. (a) Burial (b) Date thereof 5-10-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Livingston, MO
 18. (a) Signature of funeral director Winkler
 (b) Address Livingston MO
 19. (a) 6/8/42 (b) Mrs. Fred Schwalb
 (Date received local registrar) (Registrar's signature)

23. Signature E.M. Moore (M. D. or other) 0
 Address Livingston MO Date signed 6-8-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-10-42

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

Garret F. Stempel

Licensed Embalmer No.

3275-

P. O. Address

Lexington, Md

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.