. No. 2
4-13-40
5-17-39
I: X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 14 1942
318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24286

Registration District No. 318 — Primary Registration District No. 5440 — Registrar's No. 490

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: ~~Springfield, Ward 1~~ Rural S Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Medical Center for Federal Prisoners 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 mos. 21 days (Specify whether years, months or days)

In this community 8 mos. 21 days.

2. USUAL RESIDENCE OF DECEASED: 939

(a) State: Oklahoma (b) County: Tulsa

(c) City or town: Tulsa
(If outside city or town limits, write "RURAL")

(d) Street No.: 4002 N. Elgin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Jewel Benjamin

3. (b) If veteran, name war: NO

3. (c) Social Security No.: unknown

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Divorced 3

6. (b) Name of husband or wife: Unknown

6. (c) Age of husband or wife if alive: Unknown years

7. Birth date of deceased: March (Month) 2 (Day) 1906 (Year)

8. AGE: Years 36 | Months 3 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace: Lee County (City, town, or county) Texas (State or foreign country)

10. Usual occupation: Cook and bus boy.

11. Industry or business: Restaurant

MOTHER FATHER

12. Name: Henry Benjamin

13. Birthplace: Unknown (City, town, or county) Texas (State or foreign country)

14. Maiden name: Carrie Freeman

15. Birthplace: Unknown (City, town, or county) Texas (State or foreign country)

16. (a) Informant: Files

(b) Address: ____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/ 3/ 42 (Month) (Day) (Year)

(c) Place: burial or cremation: East Lawn

18. (a) Signature of funeral director: Ralph Thieme

(b) Address: Springfield, Mo.

19. (a) July 3, 1942 (Date received by local registrar) (b) D. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1942 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from October 11, 1941, to July 1, 1942; that I last saw him alive on July 1, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asthma, bronchial.	31 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Syphilis, tertiary; duration unknown.	

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN — 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? (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: E.A. Carberry E.A. Carberry, M.D.
Surgeon, USPHS, Clinical Director
Address M.C.F.P., Springfield, Mo. Date signed July 3, 1942

784 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.