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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26839

State File No.

Registrar's No. 18

Registration District No. 49

Primary Registration District No. 5174

1. PLACE OF DEATH:
(a) County. Edwards
(b) City or town. Edwards
(c) Name of hospital or institution: Adams Sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

3. (a) PRINT FULL NAME Eliza Ann Bensch
3. (b) If veteran. name war.
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced.
6. (b) Name of husband or wife. Dr Bensch
6. (c) Age of husband or wife if alive. 74 years
7. Birth date of deceased. Nov 28 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 24
If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Mrs. Inez
13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name M. J. Bensch
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Eliza Bensch
(b) Address Edwards Mo Rts 2

17. (a) (b) Date thereof 8 24 42
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Cable Ridge, Mo

18. (a) Signature of funeral director J. P. Driskin
(b) Address

19. (a) Aug 28 - 1942 (b) Mrs. R. P. Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Camdent
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 23
year 1942 hour 6 minute 30p M.
21. I hereby certify that I attended the deceased from Aug 17
1942 to Aug 20 1942
that I last saw him alive on Aug 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Uremia
Due to Chronic nephritis
& Chronic liver cirrhosis
Due to

Other conditions.
(Include pregnancy within 3 months of death)
Major findings: 131 lb
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?
While at work (Specify type of place) (e) Means of injury
23. Signature H. H. H. (M. D. or other)
Address Harscoema Date signed

RECEIVED

District Health Officer No. 71

District File Number 9-42-954

Date Filed 9-8-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.