

FILED NOV 5 1942 274

Registration District No. _____ Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia *Missouri*

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
1620 So. Ohio

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 72 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia

(d) Street No. 1620 So. Ohio (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Melissa Kabler Benscoter

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harle Benscoter 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov. 19 1863 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>11</u>	<u>9</u>	hr. _____ min.

9. Birthplace Robinson Co. Ky. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Billy Kabler

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

14. Maiden name Nancy Trisco

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

16. (a) Informant Mrs. L.E. Landon

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 10-30-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Herman

18. (a) Signature of funeral director Geo. H. H. H.

(b) Address Sedalia, Mo.

19. (a) 10/29/42 (b) Mrs. Anna Berger (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1942 hour 5:00 minute _____ a-m.

21. I hereby certify that I attended the deceased from Oct-27 1942 to Oct-27 1942 that I last saw her alive on Oct-27 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____

Due to Broken Throat

Other conditions Senility - 1860 (Include pregnancy within 3 months of death)

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 Oct-20 year 1942

(c) Where did injury occur? at home Sedalia Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? yes. full on bed

(Specify type of place)

While at work? no (e) Means of injury _____

23. Signature J. Mitchell (M. D. or other) _____

Address Sedalia Mo Date signed Oct-29

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

80
64

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-4-42

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..... *L. E. Basilich*

Licensed Embalmer No. 3867

P. O. Address..... *Suburban*

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.