S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40158

Registration District No. 38 Primary Registration District No. 3006-5120 Registrar's No. 284

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 238 Sanford av 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 22 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia (If outside city or town limits, write "RURAL") 2

(d) Street No. 237 Sanford (If rural, give location) 4

(e) Citizen of foreign country? Americanized (Yes or No)

If yes name country French 0

3. (a) PRINT FULL NAME Marguerite Suezette Benit

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles R Benit

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

7. Birth date of deceased April (Month) 14th (Day) 1898 (Year)

8. AGE: Years 44 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Aix-En-Othe-Aube (City, town, or county) France 5 (State or foreign country)

10. Usual occupation House wife

11. Industry or business " "

FATHER
12. Name Gaston Rouge
13. Birthplace (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name D. K.
15. Birthplace (City, town, or county) France 5 (State or foreign country)

16. (a) Informant C. R. Benit

(b) Address 237 Sanford Columbia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12 42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. Q. Willett

(b) Address Columbia

19. (a) 12-16-1942 (Date received local registrar) (b) Edna H. Barlow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10th year 1942 hour 2 45 minute P. M.

21. I hereby certify that I attended the deceased from Sept 1942 to Dec 10 1942 that I last saw her alive on Dec 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Arteriosclerotic Kidney

Due to Decompensation

Due to Heart Aortic regurgitation

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 R. F. Birdsong (M. D. or other) NO

Address Date signed

1250 (Licensed Embalmer's Statement on Reverse Side)

JAN 19 1943

FEB 3 1947

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 R Owrcett

Licensed Embalmer No. 3183

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.