

FILED NOV 12 1943

Registration District No. 53

Primary Registration District No. 3011

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
611 E. Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Entire Life (Specify whether
In this community Entire Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Rural Argenta Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Elizabeth Benson

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C. C. Benson 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Aug. 22 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 10 If less than one day hr. min.

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

10. Usual occupation At Home

MOTHER FATHER
11. Industry or business
12. Name Eli Circle
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Ellen Ferguson
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant C. C. Benson
(b) Address Wakenda Mo
17. (a) Burial (b) Date thereof 10-5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem
18. (a) Signature of funeral director Stanley
(b) Address Carrollton Mo
19. (a) 10-5-43 (b) Prof. James P. Kelly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1943 hour 7 minute 570 M.

21. I hereby certify that I attended the deceased from April 1
1943 to Oct 2 1943
that I last saw her alive on Oct 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Berniegun
Dementia 6 Mo.
Duration

Due to.....
Due to.....

Other conditions. (Include pregnancy within 3 months of death) 730

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?

While at work (Specify type of place) (c) Means of injury.....
23. Signature R. Hamilton Stator (M. D. or other)
Address Carrollton Mo Date signed Oct 5 1943

NOV 2 1945

STATEMENT BY LICENSED EMBALMER
No. 2

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 Ben W. Gibson
Licensed Embalmer No. 2961
P. O. Address Carrollton, Mo

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.