

48530

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 301

Primary Registration District No. 6034

Registrar's No. 1931

1. PLACE OF DEATH:
(a) County Repley
(b) City or town Harrisburg Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 mi S.E. Doniphan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Maggie Benn
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 1
6. (b) Name of husband or wife Sam Benn 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Feb March - 16 - 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace New London, Rollo Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Andrew Kriegbaum
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Goodrich
15. Birthplace Rollo Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Benn
(b) Address Doniphan, Mo.
17. (a) Burial (b) Date thereof Oct 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hancock Cem.
18. (a) Signature of funeral director Naylor, Geo.
(b) Address Winnipeg, Minn.
19. (a) 10-21-43 (b) E. W. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Repley
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi S.E. Doniphan
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1943 hour 11 minute a M.
21. I hereby certify that I attended the deceased from Sept 1, 1943 to Oct 15, 1943
that I last saw her alive on Oct 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
stomach

Due to _____
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

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 Stewhart (M. D. or other)
Address Naylor mo Date signed 10/16/43

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

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

S. C. McCord
Not Embalmed

Licensed Embalmer No. *7079*

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan
Registrar's No. 1931

Registration District No. 301 Primary Registration District No. 6034

1. PLACE OF DEATH Ripley
(a) County Ripley
(b) City or town Hotchkiss River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Maggie Benn
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 Married
6. (b) Name of husband or wife Sam Benn 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased March 16 1906
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 1 (Less than one day) min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 1/8/44 (b) E. B. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct Day 15 Year 1943 Hour minute M.
21. I hereby certify that I attended the deceased from 19...; that I last saw him alive on 19...; and that death occurred on the date and hour stated above. Immediate cause of death

Due to...
Due to...
Other conditions (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
(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 (M. D. or other)
Address Date signed

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

SUPPLEMENTARY

S-43530