

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

FILED FEB 7 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5 05 1

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Rural Mtn Twship  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. # 1 Galena Mo  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Rural Mtn Twship  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 1 Galena Mo  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank H Benson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Martha E Benson 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased May 27 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 6 8 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Jonathan Benson  
13. Birthplace Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah J Fierce  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Martha Benson

(b) Address R 1 Galena Mo

17. (a) Burial (b) Date thereof 1/6/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osa Cemetery

18. (a) Signature of funeral director J.P. King

(b) Address Aurora Mo

19. (a) 1/27/43 (b) Wm. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5  
year 1944 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1944 to \_\_\_\_\_, 1944  
that I last saw him alive on Jan 5  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Diphtheria Type  
with to Peritonsillar abscess  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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.

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 J.P. King M.D. (M. D. or other)  
Address \_\_\_\_\_ Mo Date signed 1-5-44

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**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.....

*Herman M. Durri*

Licensed Embalmer No.....

*3072*

P. O. Address.....

*Aurora 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.**