

FILED MAR 14 1944

Registration District No. 18

Primary Registration District No. 3054

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Menard Springs O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
(c) City or town Near Ashburn Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 11 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jessie Emma Benn

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

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

6. (b) Name of husband or wife John Arch Benn 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: May 5 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business At Home

12. Name J. F. Oliver

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

14. Maiden name Rebecca Jane Ground

15. Birthplace Pike County Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Benn

(b) Address Ashburn Mo.

17. (a) Burial (b) Date thereof July 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair View

18. (a) Signature of funeral director Barner & Sterne

(b) Address Louisiana Mo.

19. (a) 2-16-44 (b) J. Schuler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1944 hour 6:45 minute P.M.

21. I hereby certify that I attended the deceased from Feb. 9
1944, to Feb. 15 1944
that I last saw her alive on Feb. 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 7 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108
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) (If means of injury) 2

23. Signature J. Schuler M. D. or other _____
Address _____ Date signed _____

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

22
22
1

MOTHER FATHER

1164

16

RECEIVED

District Health Officer No. 10

District File Number 3-44-497

Date Filed MAR 8 1944

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, only

Registered Apprentice No. _____

working under my personal supervision.

Signed J.B. Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana 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.