

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14397

State File No.

Registrar's No. 26

FILED MAY 15 1944

Registration District No. 61

Primary Registration District No. 5236

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Rural  
(c) Name of hospital or institution:  
Box Township  
(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

SARAH E BENSKIN

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased Sept 20 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 6 23 hr. min.

9. Birthplace Brown County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John J Garland  
13. Birthplace Ky  
14. Maiden name Lurica Watson (State or foreign country)  
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Fred Benskin  
(b) Address P.O. Eldorado Springs Mo  
17. (a) Burial (b) Date thereof 4-15-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Virgil City, Mo

18. (a) Signature of funeral director Edmund Siders  
(b) Address Eldorado Springs, Missouri  
19. (a) 4/14/44 (b) L. J. Dunaway  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Box Township  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country O

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1944 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from April 3 1944 to April 13 1944  
that I last saw him alive on April 12 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death cerebral hemorrhage Duration 10 sec

Due to

Due to

Other conditions arteriosclerosis  
(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature L. J. Dunaway (M. D. or other)  
Address Eldorado Springs Mo Date signed 4/11

*August 1944*  
*John H. H. H.*

*MINNESOTA EMBALMERS*

*444-643*  
*5-10-44*

**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 *W. P. Quinn*

Licensed Embalmer No. *2034*

P. O. Address *Edwards Spring, Minn.*

**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.**