

FILED MAY 9 1944  
Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: O'Reilly General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days  
In this community 14 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME DONALD C. BENNING

3. (b) If veteran, name war World War II 3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased April 14, 1924  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
20 0 12 hr. min.

9. Birthplace Battle Creek, Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business College

MOTHER FATHER

12. Name Gottlieb C. Benning

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

14. Maiden name Unknown

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

16. (a) Informant WD, AGO Forms #20 and #24

(b) Address O'Reilly Gen. Hosp., Spfd., Mo.

17. (a) Removal (b) Date thereof 28 April 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison, Nebraska

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-28-44 (b) W E Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Madison  
(c) City or town Madison  
(If outside city or town limits, write "RURAL")  
(d) Street No. None (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
year 1944 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from April 12, 1944 to April 26, 1944  
that I last saw him alive on April 26, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, sub-arachnoid, basilar, cause undetermined 1/2 hr  
Duration

Due to 89a  
Due to

Other conditions Otitic meningitis, otitis media, mastoiditis, and allergic sinusitis.  
(Include pregnancy within 3 months of death)  
PHYSICIAN  
Signature W E Handley  
Of operations

Of autopsy Confirmation of above diagnoses.  
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 Capt, MC  
23. Signature Walter P. Work (M. D. or other)  
Address O'Reilly GH, Springfield, Mo. Date signed 4/27/44

984

Mo.

44

A report submitted to the Bureau of the Census.

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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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. *2457*

P. O. Address *Blue Bell Pa*

**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.**