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DOM-5-43  
ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24519

FILED AUG 1 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5368

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Davess

(b) City or town Rural Salem  
(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 43 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Davess

(c) City or town Copper Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Salem Township  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Curtis Daniel Bennum

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
year 1944 hour 10:20 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from  
Mar. 7, 1944, to July 6, 1944;  
that I last saw him alive on July 6, 1944;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 31 1886  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Carcinoma of colon and prostate

Duration 1yr.

8. AGE: Years 77 Months 11 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clark Co Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Farming

12. Name Wm Bennum

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

14. Maiden name Mary Fields

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 46

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant W. T. Bennum

(b) Address Copper Missouri

17. (a) Burial (b) Date thereof July 8-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Copper Mo

18. (a) Signature of funeral director W. T. Bennum

(b) Address Pattonburg Missouri

19. (a) 7-8-1944 (b) L. O. Dickerson  
(Date received local registrar) (Registrar's signature)

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. O. Dickerson (M. D. or other) D. O.  
Address Copper Mo Date signed 7/7/44

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

1084

(Licensed Embalmer's Statement on Reverse Side)

**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 Id. Gromer.....

Licensed Embalmer No. 3022.....

P. O. Address Pattonsburg 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.**