V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1944

Registration District No. 132

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF ~~DEATH~~

State File No. 744

Primary Registration District No. 3021

Registrar's No. 276

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

40
1
2

**1. PLACE OF DEATH:**

(a) County Grundy

(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 16 & 2 Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 year
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Grundy 40

(c) City or town Trenton 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 16 & Main St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

**3. (a) PRINT FULL NAME** August C. Benstine

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Elizabeth Clay Benstine

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May (Month) 8 (Day), 1865 (Year)

8. AGE: Years 79 Months 2 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace Hancock County (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Chas Benstine
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Mary Ann Dateroman
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant X Lulu Garlock 1

(b) Address Trenton, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-11-44 (Month) (Day) (Year)

(c) Place: burial or cremation Edinburg Mo

18. (a) Signature of funeral director Raymond A Davis

(b) Address Trenton, Mo

19. (a) 7-10-44 (Date received local registrar) (b) L D Roberts (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month July day 9th year 1944 hour 9:00 minute A M.

21. I hereby certify that I attended the deceased from Jan. 1st 1944 to July 9th 1944 that I last saw him alive on July 9th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach — Duration 1½ years

Due to Do not know

Due to

Other conditions (Include pregnancy within 3 months of death) 46b

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Oliver P. Duffy M.D. (M. D. or other)

Address Trenton Mo Date signed July 9th 1944

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1/20/44

1320

(Licensed Embalmer's Statement on Reverse Side)

JUL 21 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, or by My self, Registered Apprentice No. ....., working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P.O. Address Trenton 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.**