

FILED JUL 24 1944

Registration District No. 228 Primary Registration District No. 5808 Registrar's No. _____

1. PLACE OF DEATH:

(a) County MONTGOMERY
(b) City or town RURAL (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 all of life years, months or days

3. (a) PRINT FULL NAME ROBERT C. BENNEY

3. (b) If veteran, ✓ name war _____ 3. (c) Social Security No. 490-12-2977

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. R. C. Benney 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Aug 17 1874 (Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Waver (City, town, or county) Mo U (State or foreign country)

10. Usual occupation Retail

11. Industry or business _____

MOTHER, FATHER { 12. Name Henry Benney 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Benney
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Benney
(b) Address John Benney
17. (a) Burial (Burial, cremation, or case of) (b) Date thereof July 6 1944 (Month) (Day) (Year)

(c) Place: burial or cremation John Benney
18. (a) Signature of funeral director J. A. Harding
(b) Address John Benney
19. (a) July 19 1944 (Date received local registrar) (b) Lillie Jeffries (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montgomery
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (If yes, name country) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 5 1944 to July 4 1944
that I last saw him alive on July 4 and that death occurred on the date and hour stated above.
Immediate cause of death acute myocarditis Duration 1 day

Due to Carcinoma of prostate and neighboring glands 10 MO.
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 518 Of autopsy no 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 James O. Helm (M. D. or other) _____ Address New Florida mo. Date signed 7-6-44

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 7-21-44

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 _____

me _____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.