

FILED SEP 22 1944

Registration District No. 3

Primary Registration District No. 5021

Registrar's No.

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

300

1. PLACE OF DEATH:
 (a) County HITCHISON
 (b) City or town RURAL - NISHNA BOTNA TWP
(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 1
(Specify whether years, months or days)
 In this community 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County HITCHISON
 (c) City or town RURAL - NISHNA BOTNA TWP
(If outside city or town limits, write "RURAL")
 (d) Street No. ✓
(If rural, give location)
 (e) Citizen of foreign country? - (Yes or No)
 If yes, name country ✓

3. (a) PRINT FULL NAME MARGARET CHARLOTTE BENEDICT

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife ALBERT BENEDICT 6. (c) Age of husband or wife if alive 22 years
 7. Birth date of deceased 8 (Month) 22 (Day) 1851 (Year)

8. AGE: Years 93 Months 0 Days 26 If less than one day hr. min.

9. Birthplace UNKNOWN INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name WM WOODBURY

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

14. Maiden name

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

16. (a) Informant Guy Benedict

(b) Address Rock Port, MO.

17. (a) BURIAL (b) Date thereof 9-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGH CREEK.

18. (a) Signature of funeral director BARTHOLOMEW MACTURY

(b) Address Rock Port, MO.

19. (a) Sept. 19-44 (b) J. A. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
 year 1944. hour 7. P.M. minute ✓ M.

21. I hereby certify that I attended the deceased from Sept-1-
1944 to Sept 18th, 1944
 that I last saw h. or alive on Sept 15-, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Senile decay.

Due to

Due to

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 J. A. Gray (M. D. or other)

Address Watson Mo. Date signed 9/19/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

162

1164

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 *Levy Bartholomew*
Licensed Embalmer No. *3173*
P. O. Address *Rock Port. 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.