. S. No. 2
DM—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30453

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 98

1. PLACE OF DEATH:
(a) County BATES
(b) City or town RICH HILL - OSAGE
(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) 1
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BATES 7
(c) City or town RICH HILL MO 2
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES W. VAN BENTHUSEN
3. (b) If veteran, name war X
3. (c) Social Security No. 500-10-6598
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC - 13 1877 (Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 23 If less than one day hr. min.

9. Birthplace NO RECORD (City, town, or county) (State or foreign country) 4
10. Usual occupation PENSIONER (OLD AGE)
11. Industry or business
FATHER
12. Name VAN BENTHUSEN
13. Birthplace NO RECORD (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name NO RECORD
15. Birthplace " " (City, town, or county) (State or foreign country) 4
16. (a) Informant BATES CO RELIEF OFFICE
(b) Address BUTLER MO -
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director J Underwood
(b) Address Booths Butler Mo -
19. (a) Sept. 9. 1944 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 5TH year 10 hour PM minute M.
21. I hereby certify that I attended the deceased from - found death - to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Alcholism	
Due to 77c	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

Major findings: Of operations no medical attention investigation show he was drunk several hours
Of autopsy day of his death - quite ill

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? found dead at his home (Specify type of place)
While at work? (e) Means of injury 5
23. Signature John G Underwood Coroner (M. D. or other)
Address Butler Mo - Bates Co Mo Date signed 9-6-44

1542 (Licensed Embalmer's Sta[illegible] Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 9-44-1120
Date Filed 10-5-44

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.