

FILED NOV 22 1944

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1153**

1. PLACE OF DEATH:

(a) County **Buchanan Co.**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1526 2014**
(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) **abt 6 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **1526 2014**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MERRILL-C-BENNER**

3. (b) If veteran, name war **no**
3. (c) Social Security number **487-16-3198**

4. Sex **Male** 5. Color of race **Wh**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ruth**
6. (c) Age of husband or wife if alive **26** years
7. Birth date of deceased **June-13-1917**
(Month) (Day) (Year)

8. AGE: Years **27** Months **5** Days **4**
If less than one day hr. min.

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

10. Usual occupation **Employee**

11. Industry or business **Wetzel Hill Seed Co.**

12. Name **John C Benner**

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

14. Maiden name **Maggie Pradley**

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

16. (a) Informant **W. C. Benner**

(b) Address **B St Joseph Mo**

17. (a) (b) Date there **Nov 20 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ashland Cem**

18. (a) Signature of funeral director **R. L. ...**

(b) Address **St Joseph Mo**

19. (a) **11-20-44** (b) **W. C. Benner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **17**
year **1944** hour **1:30** minute **P** M.
21. I hereby certify that I attended the deceased from **Jan 1944 to Nov 17, 1944**
that I last saw him alive on **Nov 16, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary tuberculosis**
Tuberculosis of larynx
Due to **2 yr.**
1 yr.

Other conditions **12k**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **none**
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 _____
Where did injury occur? (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury _____
23. Signature **E. M. Shores** (M. D. or other) **M.D.**
Address **317 1st St. St. Joseph Mo**

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

MOTHER FATHER

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 Roy Stoney*.....
Licensed Embalmer No..... *2435*.....
P. O. Address..... *St Joseph*.....

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.