

Registration District No. 178

Primary Registration District No. 5659

State File No. _____

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Lewis
 (b) City or town Rural Canton
(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 Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
 (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? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Taylor Benning

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 23, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>9</u>	<u>17</u>	hr. _____ min.

9. Birthplace Nevada Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Hardin S. Benning

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

14. Maiden name Nancy Jane Llewellyn

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

16. (a) Informant Perkins Benning
 (b) Address Canton, Mo.

17. (a) Burial (b) Date thereof 10/13/44
(Burial, cremation or Removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluff Springs Ceme.

18. (a) Signature of funeral director William D. Buckley

(b) Address _____

19. (a) Oct 9 1944 (b) _____
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
 year 1944 hour _____ minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
The deceased came to his death by his own hand by hanging

Due to _____
 Due to Ill health.

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

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) Suicide
 (b) Date of occurrence Oct. 8, 1944
 (c) Where did injury occur? Canton Lewis, Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home, on his farm.
(Specify type of place)
 While at work? _____ (e) Means of injury Broken neck.

23. Signature William Dawson Jr.
 Address _____ Date signed _____

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

MOTHER FATHER

DEC 4 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.....

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

Signed Earl H. Parkley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.