

FILED JAN 8 3 1945
Registration District No. 328

Primary Registration District No. 6248

Registrar's No. 10

1. PLACE OF DEATH: *Washington*

(a) County *Washington*

(b) City or town *Redwood*
(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 _____ years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Washington*

(c) City or town *Redwood*
(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 *Richard Benton*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov* day *28*
year *1944* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from *Nov 28*
19 *44* to *same date* 19 *44*
that I last saw h. *11* alive on *Nov 28* 19 *44*
and that death occurred on the date and hour stated above.

4. Sex *Male*

5. Color or race *White*

6. (a) Single, widowed, married, divorced *Widow*

6. (b) Name of husband or wife _____

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

7. Birth date of deceased *Dec*
(Month) (Day) (Year)

Immediate cause of death *Cranial Hemorrhage*

Due to _____

Due to _____

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

8. AGE: Years *55* Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation *Farmer*

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name *John Elgin Benton*

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

14. Maiden name *Philonense Mendenhall*

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

16. (a) Informant *Roy H Mendenhall*

(b) Address *Blanchard Mo*

17. (a) *Burial* (b) Date thereof *Dec 1 1944*
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director *Chas. Deary*

(b) Address *St. Charles Mo*

19. (a) *12-44* (b) _____
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature *R. W. Parker* (M. D. or other) _____
Address *Redwood* Date signed *12-1*

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

RECEIVED

Metric Health Officer No. 4
District File Number 145-5
Date Filed 1-5-45

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.....

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.