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M-8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 15 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 1801  
Registrar's No. 4

Registration District No. 42 Primary Registration District No. 3007

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

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lucy Lee Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether  
In this community 0  
years, months or days)

3. (a) PRINT FULL NAME Edith Benner DeJournett  
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 3 Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 29, 1923  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>9</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Elmer Benner  
13. Birthplace Gasconade County, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lela Reading  
15. Birthplace Butler County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lela Benner  
(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof 1-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hamtown Cemetery

18. (a) Signature of funeral director Greer Croy  
(b) Address Poplar Bluff, Missouri

19. (a) 1-8-45 (b) Billie Anne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Butler 12  
(c) City or town Poplar Bluff 7  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No 1 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4  
year 1945 hour 4 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 12-25-44  
\_\_\_\_\_, 19\_\_\_\_, to 1-4-45, 19\_\_\_\_;

that I last saw her alive on 1-4-45, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death asphyxiation Duration \_\_\_\_\_

Due to Cardiac Failure

Due to Cardiovascular Collapse from Bichloride mercury poisoning  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
16312

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide

(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 0

23. Signature L. A. Markel M.D. (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff, Mo. Date signed 1-5-45

MAR 12 1945

RECEIVED

District Health Office No. 2

District File Number 245-198

Date Filed 2-7-45

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.