

Registration District No. FILED FEB 5 1945

Primary Registration District No. 5784

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Paris (If outside city or town limits, write "RURAL" and name of township) White Wood

(c) Name of hospital or institution: None

(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 Cape Girardeau

(c) City or town Paris (If outside city or town limits, write "RURAL") 16

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? — (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME BENJAMIN FERREL HOSEA

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 divorced, widowed

6. (b) Name of husband or wife Jennette Dodson

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

7. Birth date of deceased Aug 25, 1856

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>4</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Benjamin Hosea

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

14. Maiden name Dutton

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

16. (a) Informant James Luther Green

(b) Address 929 Walnut Cape Girardeau Mo

17. (a) Paris (b) Date thereof Jan 25 1945

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Salem Cemetery

18. (a) Signature of funeral director Muller

(b) Address Logan

19. Jan 25 1945 (Date received local registrar) J. M. Keister (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23

year 1945 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1945 to Jan 23, 1945

that I last saw him alive on Jan 20, 1945

and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to _____

Due to _____

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

Major findings: Of operations g/f

Of autopsy _____

Duration 6 yrs

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 _____

(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 J. M. Keister (M. D. or other) _____

Address Logan Mo Date signed 1-23-45

1116

RECEIVED

District Health Officer No. 4
District File Number 245-159
Date Filed 2-6-45

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 J. C. Graham
Licensed Embalmer No. 4010
P. O. Address Putnam Co., N.C.

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.