

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1945

Registration District No. 10

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5037

State File No. 5453

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 14 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Bernhard T Benson

3. (b) If veteran, name war War 1

3. (c) Social Security No. -

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Betha 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Mar 5 - 1895
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business In former years contractor

12. Name John Benson

13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

14. Maiden name Betha Swanson

15. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Betha Benson

(b) Address Mexico MO

17. (a) Reburied (b) Date thereof 2/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Davenport Iowa

18. (a) Signature of funeral director A. F. Murray

(b) Address Smithton Mo

19. (a) 2-21-1945 (b) Margaret H Macke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Andrain
(c) City or town 3 miles N of Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21st
year 45 hour 8:30 minute 30 M.

21. I hereby certify that I attended the deceased from Wed dead with 8 am
Feb 21 - 1945 to Feb 21 - 45, 19
that I last saw him alive on Feb 21 - 45
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 5 min

Due to Pneumonia E. K. H. - chanc
Coronary thrombosis

Due to -

Other conditions g40
(Include pregnancy within 3 months of death)

Major findings: My first visit

Of autopsy Saw the patient become rigid, physician
could not attend him

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 -

23. Signature Harry F. Benson (M. D. or other)
Address Mexico Mo Date signed 2-21-45

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

MAR 2 1945

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 A. F. Penneyer
Licensed Embalmer No. 3912
P.O. Address Smithton 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.