

FILED APR 6 1945  
Registration District No. 42

Primary Registration District No. 5127

Registrar's No. 13

1100  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural Jackson Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Weswood P.F.D. #2  
(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)

3. (a) PRINT FULL NAME CHARLES H. BENNER

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, widowed

6. (b) Name of husband or wife Blind BENNER 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 19, 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Tenn!  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

MOTHER FATHER { 12. Name Jake Benner

13. Birthplace Tenn!  
(City, town, or county) (State or foreign country)

14. Maiden name Florence Kilgore

15. Birthplace Tenn!  
(City, town, or county) (State or foreign country)

16. (a) Informant H. Benner

(b) Address R.F.D. #4 St. Joseph

17. (a) Burial (b) Date thereof Mar 30 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Pleasant

18. (a) Signature of funeral director H.A. ...

(b) Address Bower ...

19. (a) 3-30-45 (b) Daniel ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. Jackson Twp  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1945 hour 4:55 minute a.m.

21. I hereby certify that I attended the deceased from August 5th, 1944, to March 28th, 1945  
that I last saw him alive on March 27, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 2 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 D. ... (M.D. or other) \_\_\_\_\_  
Address Dearborn Mo Date signed 3/29/45

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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..... *H. A. Sullivan* .....

Licensed Embalmer No. 1738 .....

P. O. Address..... *Green 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.**