

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 18 1945 STANDARD CERTIFICATE OF DEATH

State File No. 31242

Registration District No. 290

Primary Registration District No. 5984

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Pulaski
 (b) City or town Rural Liberty Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 35 years
years, months or days3. (a) PRINT FULL NAME William Frederick Bender

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 Married
 6. (b) Name of husband or wife Annie Bender 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 14 1873
 (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 19 If less than one day
 hr. _____ min. _____

9. Birthplace Chicago Ill.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Fredrick Bender 4
 13. Birthplace Germany (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace II (City, town, or county) (State or foreign country) 9

16. (a) Informant Annie Bender
 (b) Address Swedeborg, Missouri

17. (a) Burial (b) Date thereof Sept. 6, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director J. L. Hoops & Sons
 (b) Address Crocker, Missouri

19. (a) 9-12-45 (b) Chas M Ows
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missour (b) County Pulaski 85
 (c) City or town Rural Liberty Township 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
 year 1945 hour 8-10 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 30
1945 to Sept 3, 1945;
 that I last saw him alive on Sept 3, 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cardio-Vascular Disease
Pulmonary Congestion 5 years
 Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 John A. Ziskind (or other) D.O.
 Address Crocker, Mo. Date signed 9-4-45

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

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

Paul B. Cooper

Licensed Embalmer No.

3261

P. O. Address

Crocker, M.

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.