

S. No. 2
M-5-43
7-5-17-39
I X36671

State File No.

FILED DEC 27 1945
Registration District No.

Primary Registration District No. 5130

Registrar's No. 1225

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

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town Rush Township RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D. NO. 2, Rushville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 39 YEARS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN

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

(d) Street No. R.F.D. NO. 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY JANE BENEFIEL

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 WIDOWED

6. (b) Name of husband or wife ALLEN BENEFIEL

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

7. Birth date of deceased MAY 19, 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>5</u>	<u>25</u> hr. min.

9. Birthplace SULLIVAN INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name UNKNOWN- COUDEN

13. Birthplace SULLIVAN INDIANA
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH CARRICO

15. Birthplace SULLIVAN INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant ROY STRANGE

(b) Address RUSHVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 11-16-1945
(Month) (Day) (Year)

(c) Place: burial or cremation SUGAR CREEK-RUSHVILLE, MO.

18. (a) Signature of funeral director Wm. Stanton While at work? (Specify type of place)

(b) Address ATCHISON, KANSAS

19. (a) Nov 20-1945 (Date received local registrar)

(b) H. J. Kestelbaum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 13
year 1945 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 11-45
....., 19....., to Nov. 13-1945
that I last saw h. E.R. alive on Nov. 13, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Complications and old age.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

108

Duration

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?

23. Signature L. J. Sabal (M. D. or other)

Address Atchison, Kansas Date signed 11/17/45

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, XXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX
Registered Apprentice NOX

working under my personal supervision.

Signed.....

Wm. Stanton, Jr.

Licensed Embalmer No. 3778

P. O. Address ATCHISON, KANSAS

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.