

No. 2
-5-43
-17-39
X36671

FILED MAR 1 1946

Registration District No. **388**

Primary Registration District No. **5593**

Registrar's No. **459**

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rural Plattin Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. R. # 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME George W. Benson

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

7. Birth date of deceased Nov. 4th. 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 3 7 hr. min.

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

10. Usual occupation R. R. Cashier

11. Industry or business Retired

12. Name John Benson

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

14. Maiden name Hannah Bodine

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

16. (a) Informant Mrs. Mattie Luehrmann

(b) Address DeSoto Mo.

17. (a) Cremation (b) Date thereof 2-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. Feb. 14, 1946 (b) (Signature)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1946 hour 4 - minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Jury verdict Duration _____
Natural Causes.
Due to from Old Age

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

Major findings:
Of operations _____
Of autopsy 1628

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 _____

23. Signature T. B. Edwards (M. D. or other) Coroner
Address Cedar Hill Mo. Date signed 2/12/46

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

MOTHER FATHER

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 *Albert W. Thompson Jr.*

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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.