

FILED JUN 21 1946

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2727 Bird Ave., /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 15 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
 (c) City or town Joplin 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2727 Bird 5
 (If rural, give location) 0
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Lee Benton

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 Laura Benton 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 25, 1892
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 10 25 .hr. min.

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

10. Usual occupation None more information

11. Industry or business _____

MOTHER FATHER

12. Name Adam L. Benton
 13. Birthplace Clinchport Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Laura Duncan
 15. Birthplace Clinchport Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. Laura Benton
 (b) Address 2727 Bird Ave., Joplin, Mo.
 17. (a) Burial (b) Date thereof 5-23-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial
 18. (a) Signature of funeral director Parker-Hunsaker
 (b) Address 1502 Joplin, Joplin, Mo.
 19. (a) 5-23-46 (b) Ed J. Jones
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
 year 1946 hour 7 minute 30P M.

21. I hereby certify that I attended the deceased from March
1, 1946 to 28 May, 1946
 that I last saw him alive on 19 May, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Adeno. Ca of Rectum - Duration 270

Due to _____
 Due to _____

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

Major findings:
 Of operations: 46
 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:
 (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) (2) Means of injury 0
 23. Signature Ed J. Jones (M. D. or other) _____
 Address 628 N. Main St. Date signed 5-22-46

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

138

46-5-478

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Josephine 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156 ✓

Primary Registration District No. 2001 ✓

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME John Lee Benton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 25 1899
(Month) (Day) (Year)

8. AGE: Years 53 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Ed J. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 20
Year 1945 hour _____ minute _____ M.

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

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

20725