

No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21069**

Registration District No. **274** Primary Registration District No. **3052** Registrar's No. **196**

1. PLACE OF DEATH:
(a) County **Pettis**
(b) City or town **Sedalia**
(c) Name of hospital or institution: **1407 So Barrett**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 years**
In this community **7 years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **PETTIS**
(c) City or town **SEDALIA**
(If outside city or town limits, write "RURAL")
(d) Street No. **1407 So BARRETT**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **FREDERICK W. BENING**
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **13**
year **1946** hour **6:00** minute **P** M.

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ellen** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **March 31 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 8 1946** to **June 13 1946**
that I last saw him alive on **June 13 1946**
and that death occurred on the date and hour stated above.
Immediate cause of death: **Valvular disease Chronic, Cardiac**
Duration **8 mos.**

8. AGE: Years **78** Months **4** Days **12**
If less than one day hr. min.

Due to
Due to

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

Other conditions: **Hypertension and Parenchymatous nephritis**
(Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**

Major findings:
Of operations:
Of autopsy: **978**

11. Industry or business

12. Name **Frederick Benning**

13. Birthplace **Monroe, Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Hermania Kelger**

15. Birthplace **Leitch, Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ellen Benning**

(b) Address **1407 S. So Barrett Sedalia**

17. (a) **Burial** (b) Date thereof **6-16-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Springs**

18. (a) Signature of funeral director **F. G. Young**

(b) Address **Concordia**

19. (a) **6-13-46** (b) **Betty Yeager**
(Data received local registrar) (Registrar's signature)

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 **A. L. Walker** (M. D. or other) **MO**
Address **Sedalia MO** Date signed **6-13-46**

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

MOTHER FATHER

251

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-3-46

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 _____

~~F. C. Voigt~~ _____, Registered Apprentice No. _____
working under my personal supervision.

Signed F. C. Voigt (1011) _____

Licensed Embalmer No. _____

P. O. Address Concordia 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.