

**FILED AUG 9 1946**

**STANDARD CERTIFICATE OF DEATH**

State File No. **23240**

Registration District No. **119**

Primary Registration District No. **4193**

Registrar's No. **13**

**1. PLACE OF DEATH:**

(a) County **Gasconade**  
(b) City or town **Hermann**  
(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 **80 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **M. P. Bensing**

3. (b) If veteran, name war **none**  
3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Bertha Bensing deceased** 6. (c) Age of husband or wife if alive **1854** years

7. Birth date of deceased **Oct. 3 1854**  
(Month) (Day) (Year)

8. AGE: Years **91** Months **9** Days **26**  
If less than one day hr. min.

9. Birthplace **Wheeling West Va.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoe Worker**  
11. Industry or business **Shoe Store**

12. Name **Niclaus Bensing**

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

14. Maiden name **Elizabeth Eckart**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Bertha Bensing**  
(b) Address **Hermann, Mo.**

17. (a) **Burial** (b) Date thereof **7/31/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hermann**  
(d) Signature of funeral director **Hermann**  
(e) Address **Hermann, Mo.**

19. (a) **7/31/46** (b) **O. C. Mendenhall**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Gasconade**  
(c) City or town **Hermann**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **29**  
year **1946** hour **7** minute **A** M.

21. I hereby certify that I attended the deceased from **Jan 20 - July 29 - 1946**  
that I last saw him alive on **July 29 - 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Insufficiency**

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:  
(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 **Howard Workman** (M. D. or other)  
Address **Hermann Mo.** Date signed **7-30-46**

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

8-46-111  
8-8-46

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 me

working under my personal supervision. Registered Apprentice No.

Signed

Licensed Embalmer No. 2044

P. O. Address Hermann, 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.