S. No. 2
M—5-42
5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23341

Registration District No. 128 Primary Registration District No. 5466 Registrar's No. 628

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town So. Campbell Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Medical Center for Fed. Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mos., 25 days (Specify whether years, months or days)
In this community 7 mos., 25 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Cuyahoga
(c) City or town Bedford
(If outside city or town limits, write "RURAL")
(d) Street No. Columbus & Bessemer
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Benjamin Franklin KIRKENDALL 5435-H
3. (b) If veteran, name war World War II
3. (c) Social Security No. UNK.
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased July (Month) 23 (Day) 1917 (Year)
8. AGE: Years 29 Months 0 Days 3 If less than one day hr. min.
9. Birthplace Nelsonville (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business
FATHER
12. Name Benjamin F. Kirkendall
13. Birthplace UNK. (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Daisy Mae (?) ~~Kirkendall~~
15. Birthplace UNK. (City, town, or county) Ohio (State or foreign country)
16. (a) Informant File MCFP
(b) Address Sprl., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Denison, Ohio
18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
(b) Address SPRINGFIELD, MISSOURI
19. (a) 7-27-46 (Date received local registrar) (b) S. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1946 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from December 1, 1945, to July 26, 1946, that I last saw him alive on July 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, Pulmonary Active, Right, Far Advanced, with Cavitation	9 mos.
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 E W Morehead (M. D.)
Address Medical Center, Fed. Pris. Date signed 7-27-46
Springfield, Missouri

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1946

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 Lewis G Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.