S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26115

Registration District No. 577 Primary Registration District No. 6287 Registrar's No.

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: 1 Mile South of Mansfield (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 26 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Mansfield - Rural (If outside city or town limits, write "RURAL")

(d) Street No. 1 Mile South of Mansfield (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ada Sabina Benjamin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George N. Benjamin

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July (Month) 11 (Day) - 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	11	20	hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name — Johnson
13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna R. Reddick
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant George N. Benjamin

(b) Address Mansfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 - 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mansfield Cem.

18. (a) Signature of funeral director F. A. Steffe

(b) Address Mansfield Mo

19. (a) 7/6/46 (Date received local registrar) (b) Irene C. Hicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 6 - 1940, 19 , to Aug 1, 1946 that I last saw her alive on July 1, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma	sev yr
Due to Arterial Sclerosis for sev yr	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. A. Fuson (M. D. or other)

Address Mansfield Mo Date signed 7-2-46

349 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 746 - 761
Date Filed JUL 18 1946

DEC 6 1960

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. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.