

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39924

State File No. _____

Registration District No. 62

Primary Registration District No. 5240

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural--Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXXXXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXXX
(Specify whether
In this community All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Washington Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXXXXXX

3. (a) PRINT FULL NAME IVAN ISAAC BENHAM

3. (b) If veteran, name war XXXX
3. (c) Social Security No. XXXX

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Avis Benham
6. (c) Age of husband or wife if 68 years
7. Birth date of deceased March 21, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 8v 20 X hr. X min.

9. Birthplace Plattsburg, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXXXX

MOTHER FATHER
12. Name Robert Benham
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Carllinda Surface
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Avis Benham
(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 12-13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Union Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 12-14-46 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1946 hour 1 minute Rt.

21. I hereby certify that I attended the deceased from Nov. 12 1946 to Dec. 11 1946
that I last saw him alive on Dec. 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 1 hr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 820
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 820
23. Signature Dr. L. L. ... (M.D. or other)
Address Stockton Mo. Date signed 12-13-46

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

RECEIVED
DISTRICT HEALTH OFFICER
DISTRICT HEALTH OFFICER
11-46-3133
Date filed 12-18-46

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton

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.