

No. 2
FILED MAY 21 1947
17:30
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE

FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16812

Registration District No. 58

Primary Registration District No. 4091

Registrar's No.

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Fremont
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 months (Specify whether
In this community 9 months years, months or days)

3. (a) PRINT FULL NAME

Pearl S. Benn

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Female 5. Color white

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

6. (b) Name of husband or wife Sam Benn

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased 3 (Month)

6 (Day) 1883 (Year)

8. AGE:

Years 64 Months xx Days 24 If less than one day hr. min.

9. Birthplace

Wright Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

Joe Bridgman

12. Name

Joe Bridgman

13. Birthplace

Shipton (City, town, or county) (State or foreign country)

14. Maiden name

Shipton

15. Birthplace

Mo. (City, town, or county) (State or foreign country)

16. (a) Informant

Emmett Gambler

(b) Address

Fremont, Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

4-1-47 (Month) (Day) (Year)

(c) Place: burial or cremation

Bardley, Mo.

18. (a) Signature of funeral director

H. E. Jordan

(b) Address

Springfield, Mo.

19. (a)

April 25, 47 (Date received local registrar)

Miss Octa Benson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91
(c) City or town Bardley (If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30, year 1947, hour 6 minute P. M.

21. I hereby certify that I attended the deceased from November 16 to Feb 23, 1947
that I last saw her alive on Feb 23, 1947
and that death occurred on the date and hour stated above

Immediate cause of death Cardiac arrhythmia Duration 2 months

Due to Endocarditis and myocarditis 3 or 4 years

Due to Hypertension heart disease & acute nephritis about 10 years

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
Signature Mitchell Blaine (M. D. or other)
Address Springfield, Mo. signed 4-9-47

RECEIVED

District Health Officer No. 5,

District File Number 547289

Date Filed 5-20-47

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.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed

J. E. Jordan

Licensed Embalmer No. 32000

P. O. Address Monaghan, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 58

Primary Registration District No. 7091

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Remont
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Reuel S. Benn

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

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased March (Month) 6 (Day) 1941 (Year)

8. AGE: Years 64 Months 10 Days 20 (If less than one day, hr. _____ min. _____)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. April 25-47 (Date received local registrar) Octa Henson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

FILED

16812