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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25047

Registration District No. 289 Primary Registration District No. 5982 Registrar's No.

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Pleasant Hope (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution West Part of Pleasant Hope (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 24 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Pleasant Hope (If outside city or town limits, write "RURAL")
(d) Street No. West Part of Pleasant Hope (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Benjamin Wallace Garden
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Garden
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July 6, 1874 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Drug Dealer
11. Industry or business Drug Business
FATHER
12. Name Joseph Garden
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Oglesby
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Cora Garden
(b) Address Pleasant Hope, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hope Cemetery
18. (a) Signature of funeral director Willard B. Erwin
(b) Address Pleasant Hope, MO.
19. (a) 7-11-47 (Date received local registrar) (b) R. M. Burns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3, year 1947 hour 2:30 minute a. M.

21. I hereby certify that I attended the deceased from Dec. 1945 to July 3, 1947 that I last saw him alive on June, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia. Duration

Due to Carcinoma prostate gland with metastasis to pelvic bones & lungs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma prostate gland
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 0

23. Signature W. Linnell (M. D. or other) MD
Address Springfield Mo Date signed 7-7-47

(Licensed Embalmer's Statement on Reverse Side)

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 Paul D. Butler, Registered Apprentice No. 446, working under my personal supervision.

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.