

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 290-

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital No. 12  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 months 13 days  
(Specify whether in this community same years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Callaway  
(c) City or town Old Monroe  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ARTHUR BENEDICT  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 8 day 17 year 1947 hour 8 minute 45 P.M.  
21. I hereby certify that I attended the deceased from 8-14-47 19 to 8-17-47 19 that I last saw him alive on 8-17-47 19 and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased (Month) 10 (Day) 2 (Year) 1891

Immediate cause of death Cerebral Hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 55 Months 10 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Old Monroe Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Lewis Benedict  
13. Birthplace D.K.  
14. Maiden name Emma Jennings  
15. Birthplace D.K.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Hospital Records  
(b) Address Fulton Mo.

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
83A

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18, 1947 (Month) (Day) (Year)  
(c) Place: burial or cremation Old Monroe

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? \_\_\_\_\_

18. (a) Signature of funeral director Ellen Y. Manpin  
(b) Address 712 East Fulton, Mo.  
19. (a) Aug 18-1947 (Date received local registrar) (b) Jose Morand (Registrar's signature)

23. Signature J. C. Caldwell M.D. (M.D. or other) \_\_\_\_\_  
Address Fulton Mo.

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

4  
2

Dr. H. Hueyo MD

OCT 14 1947

Date Filed AUG 29 1947

District File Number

District Health Officer No. 9,

RECEIVED

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.....

*Theodore Skinner, Jr.*

Registered Apprentice No. *555*

working under my personal supervision.

Signed *Glen Y. Mansin*

Licensed Embalmer No. *2725*

P. O. Address *Fulton, 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.