

No. 2  
-12-45  
-17-39  
X47070

FILED OCT 17 1947  
Registration District No. **17**

Primary Registration District No. **5660**

Registrar's No. **79**

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Spring River Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none

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

(d) Length of stay: In hospital or institution none (Specify whether  
In this community entire life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Rural, R. 1, Verona mo.  
(If outside city or town limits, write "RURAL.")

(d) Street No. Spring River Township  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Samuel Onis Benbrook

3. (b) If veteran, name war None

3. (c) Social Security No 500-01-2766

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Beatrice Grace Benbrook 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased April 22 1903  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>5</u>	<u>10</u>	hr. min.

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

10. Usual occupation Factory worker

11. Industry or business City-Wheler, Verona mo

12. Name John Thomas Benbrook

13. Birthplace Lawrence Co Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Anna M. Garnick

15. Birthplace Lawrence Co Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Benbrook

(b) Address R 1 Monett mo

17. (a) Burial (b) Date thereof Oct 5 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Lawrence Co mo

18. (a) Signature of funeral director Callaway Funeral Home

(b) Address Monett mo

19. (a) Oct 6-47 (b) Ors Mc Nally  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2  
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1 1947 to Oct 2 1947  
that I last saw him alive on Oct 1 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung over 4 months

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 0

23. Signature Franklin M. D. (M. D. or other)  
Address Monett mo Date signed 10/3/47

RECEIVED

District Health Officer No. 6;

District File Number 1047-1050

Date Filed OCT 19 1947

OCT 21 1947

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Monett, 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.