S. No. 2
M—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7804

State File No.

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 80

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
1608 Hinkson Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia, R.F.D. #4
(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 SARAH E. BENEDICT

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 20, (Day) 1871 (Year)

8. AGE: Years 76 Months 11 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George McBaine
13. Birthplace Boone County (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name Jamima Alspraugh
15. Birthplace Boone County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mr. Sam Burnett
(b) Address 1608 Hinkson ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director R. Willey
(b) Address 407 C.C. Ave. Columbia, Mo.

19. (a) 3-23-48 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1948 hour 6:25 minute A. M.

21. I hereby certify that I attended the deceased from 3-19- 1948 to 3-20- 1948
that I last saw him alive on 3-19- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis for hr.

Due to Arterio Sclerosis, 2 yrs

Due to

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration

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 No

(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? No (e) Means of injury

23. Signature W. P. Dyard (M. D. or other) M.D.

Address Columbia Mo. Date signed 3-22-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number MAR 30 1948
Date Filed

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, ~~only~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Lyman H. Shinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.