No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1948

Registration District No. 217

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30430

Primary Registration District No. 5790

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:
19 miles S. E. of Charleston
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67

(c) City or town Charleston, Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 19 miles S.E. of Charleston 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Charles Bender

3. (b) If veteran, name war Not Known

3. (c) Social Security No. Not Known

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Effie Bender, Dec'd.

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

7. Birth date of deceased December (Month) 7, (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	6	28	..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Fred C. Bender
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Dora Berger
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Annie Bender
(b) Address R#1, Charleston, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-1948 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O F. Cemetery Charleston, Missouri

18. (a) Signature of funeral director Joe R. Nunnelee
(b) Address Charleston, Missouri.

19. (a) Aug. 16/1948 (Date received local registrar) (b) Anna Harper (Registrar's signature) Dept

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1948 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from May 5, 1948, to July 5, 1948 that I last saw him alive on July 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial degeneration — Duration 1 yr.

Due to Hypertension

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

93 P

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 2

23. Signature T. P. Fenton (M. D. or other) DD

Address Wyatt, Mo. Date signed 7-21-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 948-1181
Date Filed 9-18-48

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 Edward E. Humphrey

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.