No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31941

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 95

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barry County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry 5
(c) City or town Exeter 0
(If outside city or town limits, write "RURAL") 0
(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 Ben A. Venable
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Florence Venable
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Feburary (Month) 7 (Day) 1906 (Year)

8. AGE: Years 42 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Garage operator
11. Industry or business
FATHER
12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Florence Venable
(b) Address Exeter, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Maplewood Cemetery
18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) Oct 22-1948 (Date received local registrar) (b) Grace Williams (Registrar's signature) 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16 year 1948 hour 11:50 minute A. M.
21. I hereby certify that I attended the deceased from Aug. 1, 1948, to Oct. 16, 1948 that I last saw him alive on Oct. 16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Complete portal obstruction	3 mons.
Due to: Probable atrophic cirrhosis of liver	unk.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 [signature] (M. D. ~~or other~~)
Address Cassville, Mo. Date signed 10-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1048-1204
Date Filed 10-29-48

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 Glen D Williams, Registered Apprentice No. 13, working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Casanilla

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.