FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 18 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32019

State File No.

Primary Registration District No. 1000

Registrar's No. 1064

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 838 So. 23rd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 54 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 838 So. 23rd. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frederick A. Benjamin

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Carrie Benjamin

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January (Month) 23 (Day) 1879 (Year)

8. AGE: Years 69 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Effingham (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Carpenter

FATHER
12. Name Emery W. Benjamin
13. Birthplace Unknown (City, town, or county) Michigan (State or foreign country)

MOTHER
14. Maiden name Alice Witham
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Carrie Benjamin

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/48 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemeterey

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 10-9-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6 year 1948 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1947 to Oct 6, 1948 that I last saw him alive on Oct 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aortic Stenosis	2 yr.
Due to Rheumatism	1 yr.
Due to —	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy — 92a	

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

23. Signature Walter J. Hansen (M. D.)

Address 28 02 Jul 48 Date signed Oct 7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.