

FILED NOV 12 1948

State File No.

Registration District No. 156

Primary Registration District No. 200

Registrar's No.

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Joplin General Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 WKS  
 (Specify whether years, months or days) 20 YEARS

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County McDonald Co  
 (c) City or town Noel  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route 1  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME ALVA YERNOY BENSCHOTER  
 3. (b) If veteran, name war. No  
 3. (c) Social Security No.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 31  
 year 1948 hour 4:30 minute P.M.

4. Sex male  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife: Hattie Paul Benschoter  
 6. (c) Age of husband or wife if alive: years  
 7. Birth date of deceased: JULY 21 1869  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 20 1948 to Oct 31 1948  
 that I last saw him alive on Oct 29 1948  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Meningeal Cong & Grade 3 Failure following Cerebral Hemorrhage Oct 27/48

8. AGE: Years 79 Months 3 Days 10 If less than one day hr. min.

Due to:  
 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.

9. Birthplace: Jasper County MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business:  
 12. Name: BURBESS BENSCHOTER  
 13. Birthplace: unknown Ohio  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: Pamela Craig  
 15. Birthplace: unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Melvin Benschoter  
 (b) Address: Lanagan, Mo

17. (a) Burial (b) Date thereof: 11-3-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Stone Point Cem.

18. (a) Signature of funeral director: KNELL Mortuary  
 (b) Address: Carthage Mo

19. (a) 11-4-48 (b) Ed. signed  
 (Date received local registrar) (Date of registration)

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)  
 (e) Means of injury:  
 23. Signature: [Signature] (M.D. or other)  
 Address: Lanagan, Mo. Date signed: 11/2/48

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

MOTHER FATHER

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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 Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage

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.