FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 29 1948

Registration District No. 227

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33577

Primary Registration District No. 4339

Registrar's No. 52

1. PLACE OF DEATH:
(a) County: MONROE
(b) City or town: PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEFFERSON HOTEL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 27 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MONROE
(c) City or town: PARIS, MO
(If outside city or town limits, write "RURAL")
(d) Street No.: JEFFERSON HOTEL
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: CORA WINSTON BENSON
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓

4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: ADDISON W. BENSON
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: APR. (Month) 2 (Day) 1872 (Year)

8. AGE: Years 76 | Months 6 | Days 8 | If less than one day: hr. ..... min.

9. Birthplace: PLATTE CITY, MO (City, town, or county) (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business:
MOTHER FATHER
12. Name: WM WEST
13. Birthplace: KY (City, town, or county) (State or foreign country)
14. Maiden name: MARY BELLE THOMPSON
15. Birthplace: KY (City, town, or county) (State or foreign country)
16. (a) Informant: MARSHALL BENSON
(b) Address: PARIS, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 10-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: WALNUT GROVE PARIS
18. (a) Signature of funeral director: Speed & Blakey
(b) Address: PARIS, MO.
19. (a) 10-11-48 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 10 year 1948 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 1, 1948, to Oct 10, 1948, that I last saw him alive on Oct 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio-Sclerosis	Did not know
Due to: senility	
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 .....

23. Signature: F. A. Barnett (M. D. or other) M.D.
Address: PARIS, MO. Date signed 10-11-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 10-48-1817
Date Filed OCT 23 1948

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 E. J. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.