

FILED DEC 6 1948

Registration District No. **577**

Primary Registration District No. **6153**

Registrar's No. **28**

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

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Behm City Rural Pike Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Benjamin Thurman Head
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. 684-03-0997

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Emma Head 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Jan. 2, 1900
(Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Obion Co Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

MOTHER FATHER
 12. Name William Head
 13. Birthplace Mayfield Ky 1
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy Martha Bonegillis
 15. Birthplace Near Fulton Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Head
 (b) Address Painton, Mo.

17. (a) Burial (b) Date thereof 11-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Perkins Cem Perkins Mo.

18. (a) Signature of funeral director Bispinghoff Funeral Home
 (b) Address Chaffee, Mo.

19. (a) 11-26-48 (b) Berlin Mays
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14th
 year 1948 hour 6 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Jury verdict: struck by north bound train on Cotton Belt Railroad near Bell City, Mo. Duration

Due to _____
 Other conditions 8
(Include pregnancy within 3 months of death)

Major findings: 16 8
 Of operations _____ PHYSICIAN
 Of autopsy _____ 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) accident
 (b) Date of occurrence Nov. 14, 1948
 (c) Where did injury occur? Bell City Stoddard Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? no (Specify type of place) (2) Means of injury see jury verdict above

23. Signature B. Dexter (M.D. or other) Cor.
 Address Dexter, Mo. Date signed 11-14-48

RECEIVED

District Health Office No. 2

District File Number 1248-160

Date Filed 12-3-48

MAR 11 1949

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 ^{not}.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Mamie Burpley Hoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.