

Registration District No. **170**

Primary Registration District No. **5628**

Registrar's No. **276**

1. PLACE OF DEATH:

(a) County **Laclede**
(b) City or town **Brownfield Star Route**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural, Brownfield Star Rt.
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Charles Jesse Bentsch**

3. (b) If veteran, name war..... 3. (c) Social Security No. **510-05-5590**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Atha J Bentsch** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **Jan. 16 1894**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 2 20 hr. min.

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farm**

MOTHER FATHER { 12. Name **Charles P. Bentsch**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Emma J. Love**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Atha J. Bentsch**
(b) Address **Brownfield Star Route**

17. (a) **Burial** (b) Date thereof **April 9 1950**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakland Cemetery**

18. (a) Signature of funeral director **W.E. Holman**

(b) Address **Lebanon, Mo.**

19. (a) **May 5** (b) **Alta L. Dwyer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Laclede**
(c) City or town **Brownfield Star Route**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Star Route 1530**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**
year **1950** hour **11 A.M.** minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him alive on **April 6**, 19**50**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Access - w z y t**

Due to **June - upper**
lobes -

Due to..... **521X**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... **NO**

Duration
PHYSICIAN
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).....
(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) (c) Means of injury.....

23. Signature **W.F. Schlicht** (M. D. number)
Address **Wangona** Date signed **May 7/50**

Received MAY 13 1950

Laclede County Health Unit

File No. 5-50-78

Date Filed MAY 15 1950

MAY 5 1950

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.