

FILED JUN 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. **20561**  
Registrar's No. **107**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5177**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b>	
c. LENGTH OF STAY (in this place) <b>34yrs</b>		d. STREET ADDRESS (If rural, give location) <b>617 North Liberty</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>617 N. Liberty</b>		d. STREET ADDRESS (If rural, give location) <b>617 North Liberty</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>BENJAMIN</b> b. (Middle) <b>HARRISON</b> c. (Last) <b>ENSMINGER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 12, 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 16, 1890</b>
9. AGE (In years last birthday) <b>61</b>		10. MONTHS <b>0</b>	11. DAYS <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Moulder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Foundry</b>	11. BIRTHPLACE (State or foreign country) <b>Ohio</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>No data</b>	
13b. MOTHER'S MAIDEN NAME <b>He Peter</b>		14. NAME OF HUSBAND OR WIFE <b>Mammie L. Ensminger</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-05-8477</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mammie L. Ensminger</b>		ADDRESS <b>Webb City, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Inaction &amp; Rehabilitation</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinomatosis</b> DUE TO (c) <b>Carcinoma of Rectum (Primary)</b> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>10 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>154x</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>12-28</b> , 19 <b>50</b> , to <b>6-12</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>6-12</b> , 19 <b>51</b> , and that death occurred at <b>11:15 a.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>P. J. Gregory</b> (Degree or title) <b>DO</b>		23b. ADDRESS <b>Webb City, Mo.</b>	
23c. DATE SIGNED <b>6/12/51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>June 15, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Hope Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedge Lewis</b> ADDRESS <b>Webb City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>June 15-51</b>		REGISTRAR'S SIGNATURE <b>C. L. Brecheen</b>	

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

RECEIVED 6-19-51

Jasper County Health Office

County File Number 51/6/507

Date Filed 6-19-51

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Leonard J. Lewis 2  
Licensed Embalmer No. 4561

P. O. Address Wells City, 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.