

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35732

State File No. ....

**RECORDED** OCT 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONVILLE</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>(RURAL) LINN</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>(RURAL) PRAIRIE HOME</u>	
c. LENGTH OF STAY (In this place) <u>16 mo</u>		d. STREET ADDRESS (If rural, give location) <u>PRAIRIE HOME MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>BENJAMIN FRANKLIN</u> b. (Middle) <u>KIRSCHMAN</u> c. (Last) <u>KIRSCHMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 26-1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 17-1870</u>
9. AGE (In years last birthday) <u>82</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>W. KIRSCHMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MATILDA BAHN</u>	
14. NAME OF HUSBAND OR WIFE <u>ALICE KIRSCHMAN (DEAD)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Nattie Smith Glasgow</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis</u> ANTECEDENT CAUSES <u>Senility</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>270</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	
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 <u>May, 1949</u> , to <u>Oct 26, 1952</u> , that I last saw the deceased alive on <u>Oct 25, 1952</u> , and that death occurred of <u>1:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. L. Duwaeger M.D.</u>		23b. ADDRESS <u>Boonville Mo.</u>	
23c. DATE SIGNED <u>10/28/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 29-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville MO.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 29-1952</u>		REGISTRAR'S SIGNATURE <u>Gada W. Snow</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Albert Hornbeck</u>		ADDRESS <u>Boonville Home Mo.</u>	

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

0680

**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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.