

APR 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10383  
Do not use this space.

1. PLACE OF DEATH  
(a) County Carrall Registration District No. 135  
(b) Township 1 Primary Registration District No. 3010 Registered No. 41  
(c) City Cassellton (d) Street No. South Side Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary E. Benson  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Granada Benson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-1-1950  
7. AGE YEARS 89 MONTHS 2 DAYS 10 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrall Mo  
FATHER 13. NAME John Cary  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
MOTHER 15. MAIDEN NAME Jane Thomas  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
17. INFORMANT (ADDRESS) C. C. Benson Wakarusa Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 3/13/39  
19. FUNERAL DIRECTOR (ADDRESS) Wells Funeral Home Cassellton Mo  
20. FILED 3-13 1939 John Haskins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-1939  
22. I HEREBY CERTIFY, That I attended deceased from 3-1-1939 to 3-11-1939  
I last saw her alive on 3-11-1939. Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Infermiatic of old Age.  
Other contributory causes of importance: 162  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) P. Marinton Station M. D.  
(Address) Cassellton, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

RECEIVED  
District Health Officer No. 8,  
District File Number  
41534

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham, Licensed Embalmer No. 4009  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Ralph Van Landingham  
Licensed Embalmer No. 4009

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.)