

REC'D AUG 7. 1939

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

24498

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399  
(b) Township Traw 1 Primary Registration District No. 1003  
(c) City N.E. (d) Street No. 4528 Garfield Registered No. 2711  
(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

552 Wm. T. Benens (William T. Benens)  
(a) Residence, No. 4528 Garfield 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 Ma. 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18 77

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 X X

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Labor  
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) Marionville Mo.

FATHER 13. NAME A. J. Benens 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Barbara Allen & Long

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Chas. P. Benens  
N.E. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenland Cove 7-6-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Tigerman & Son  
N.E. Mo.

20. FILED July 6 1939 M. M. Brown  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3-39 19

22. I HEREBY CERTIFY, That I attended deceased from 7:30 P.M. 19

I was personally alive on 5:10 P.M. 19 Death is said to be confirmed on the date stated above, at 7:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis  
Old myocardial infarction  
Acute pulmonary edema  
Other contributory causes of importance 94B

Name of operation Date of Yes

What test confirmed diagnosis? Was there an autopsy? Yes

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?  
If so, specify

(Signed) Victor W. Hunter M. D.  
(Address) N.E. Mo.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**