

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29725

Registration District No. 1051

Primary Registration District No. 768

Registrar's No. 5748

1. PLACE OF DEATH:
(a) County. Mississippi
(b) City or town. Donna, Mo.
(c) Name of hospital or institution: St. Luke's
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Mo. (b) County. Miss.
(c) City or town. Donna, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

(c) PRINT FULL NAME Paul Benson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 12 1939
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 12
year 1939 hour _____ minute 70 A. M.
21. I hereby certify that I attended the deceased from July 12
1939, to July 12 1939
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 10 min. _____
9. Birthplace Donna, Mo. _____
(City, town, or county) (State or foreign country)
10. Usual occupation none

Immediate cause of death Stie Born
Due to _____
Due to Prolonged Peritonitis
Other conditions (include pregnancy within 6 months of death) _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Paul Benson
13. Birthplace Donna, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jadis Cole
15. Birthplace Donna, Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Paul Benson
(b) Address Donna, Mo.
17. (a) _____ (b) Date thereof July 12, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ferguson Cem. Donna, Mo.
18. (a) Signature of funeral director Clara N. Shellen
(b) Address East Prairie, Mo.
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
23. Signature P. J. Martin
Address East Prairie, Mo. Date signed July 12, 1939

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.

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

29728-
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 1057
(b) Township James Bayou Primary Registration District No. 6768
(c) City..... (d) Street No..... 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

(a) Residence, No. Paul Dean Benson St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-12-1939

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Dorena Mo

13. NAME Paul Benson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dorena Mo

15. MAIDEN NAME Golden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dorena Mo

17. INFORMANT (ADDRESS) Paul Benson Dorena Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ferguson DATE July 17 1939

19. FUNERAL DIRECTOR (ADDRESS) Wain & Shelby East Prairie Mo

20. FILED 10-12 1939 May Dallas Foye Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12-1939

22. I HEREBY CERTIFY, That I attended deceased from July 12 1939 to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Still Born
Disturbed Parturition

Other contributory causes of importance:

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?.....

If so, specify.....

(Signed) S. P. Martin, M. D.

(Address) East Prairie Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS, health state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

EMERALD

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