. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 17 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2955

Registration District No. 506 Primary Registration District No. 6671 Registrar's No.

1. PLACE OF DEATH:
(a) County Linn
(b) City or town (Rural) Baker Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
R.R. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community 51 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn
(c) City or town (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ 62 yrs years.

3. (a) PRINT FULL NAME Gus Benson

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Benson 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May (Month) 4 (Day) 1857 (Year)

8. AGE: Years 82 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Halland, Sweden (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm

MOTHER FATHER
12. Name B. P. Pearson
13. Birthplace Halland, Sweden (City, town, or county) (State or foreign country)
14. Maiden name Elsie
15. Birthplace Halland, Sweden (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gus Benson
(b) Address Bucklin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15, 1940 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mission Cem.

18. (a) Signature of funeral director Larson Funeral Service
(b) Address Bucklin, Mo.

19. (a) Jan 16, 1940 (Date received local registrar) (b) Bertinda Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13, year 1940 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5/30, 1937, to 1/13, 1940 that I last saw him alive on 1/12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: Chr. Glomerulonephritis	
Due to: Multiple Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

891 1

23. Signature R. L. Gregory (M. D. or other) MD
Address Bucklin, Mo. Date signed 1/14/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 240-1378
Date Filed FEB 13 1940

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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Buckfield, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.