

FILED SEP 25 1940

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

29262
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 648
(b) Township Centerville Primary Registration District No. 879 Registered No. 20
(c) City Linn or (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Timothy John Benson
(a) Residence, No. _____ 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 7 19

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. Farmer

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) Linn Mo

FATHER 13. NAME Jesse Benson

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

MOTHER 15. MAIDEN NAME Lantier Marie

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

17. INFORMANT Mrs Tom Waggoner
(ADDRESS) Recheport Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bannots Mill DATE 8-18 1940

19. FUNERAL DIRECTOR (NAME) Morton Funeral Home
(ADDRESS) Linn Mo

20. FILED 8-17 1940 Mrs Doris J. ...
Linn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 - 1940, to Aug 16 - 1940
I last saw me live on Aug 16 - 1940 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Asthma Date of onset 1930

Other contributory causes of importance:
Chronic Bronchitis Chronic Myocarditis

Name of operation None Date of _____

What test confirmed diagnosis None 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? None
If so, specify _____

(Signed) Jas Fullerton M. D.
(Address) Linn Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn, 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, above space should be left blank.