DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 39169

Registrar's No. 5689

Reg Dist No 315 [redacted]

1. PLACE OF DEATH

(a) County McDonald Prairie

(b) City or town R.R.1. SW City Mo.
(If outside city or town limits, write RURAL)

(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution 2d
(Specify whether years, months or days)
In this community

DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town R.R. One Southwest City 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.

3(a) FULL NAME Benlah D Gould

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 Single

6 (b) Name of husband or wife

6 (c) Age of husband or wife if alive years

7. Birth date of deceased June 22 1921
(Month) (Day) (Year)

8. AGE: Years 19 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Chester Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Roger Gould

13. Birthplace Lincoln Co. Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Flora M. Burns

15. Birthplace Chester Ohio
(City, town, or county) (State or foreign country)

16 (a) Informant's own signature Roger Gould

(b) Address R.R.1 - S West City Mo.

17 (a) Southwest City Mo. (b) Date thereof Sept 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Cemetery

18 (a) Signature of funeral director R. L. Spence

(b) Address Neosho Ohio 9038

19 (a) 9-27-1940 (b) Earl Horton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Sept. day 6

year 1940 hour 2 minute 45

21. I hereby certify that I attended the deceased from Aug 16 1940 to Sept 6 1940, that I last saw her alive on Sept 6 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Myocardial Malaria	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature John D Stone (M. D. or other)

Address SW City Mo. Date filed 9-27-40