

Registration District No. 96

Primary Registration District No. 3038

Registrar's No. 180

97
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 7 yr _____ (Specify whether)

years, months or days 2

3. (a) PRINT FULL NAME BENJIMAN FRANKLIN THOMAS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race N 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Ann Thomas 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan - 8 - 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 9

MOTHER FATHER { 12. Name unknown

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mr Nancy Crawford

(b) Address E. Jackson Marshall Mo

17. (a) Burial (b) Date thereof Dec - 11 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem. Marshall Mo

18. (a) Signature of funeral director Harry Herschberger

(b) Address Marshall Mo

19. (a) 12-10-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

(c) City or town Marshall
(If outside city or town limits, write "RURAL")

(d) Street No. E Jackson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 1 to 9
1940, to Dec 9 1940

that I last saw him alive on Dec 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterial Sclerosis

Due to _____

Due to 97

Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: ✓
Of operations _____

Of autopsy _____

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? no

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

23. Signature Marshall (M. D. or other) _____
Address Marshall Mo Date signed 12/10/40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-10-41

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 Kenneth Jackson

Licensed Embalmer No. 3954

P. O. Address Clinton, 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.