

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

Rev. 5-17-39
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.

Registration District No. **235**

Primary Registration District No. **3034**

Registrar's No. **23**

1. PLACE OF DEATH

(a) County Randolph
 (b) City or town Moberly Mo.
 (c) Name of hospital or institution:
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 104 N. Ault St
 (If rural, give location) D
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Walter Wm Benton
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
 year 1941 hour 4 minute 00 A.M.

4. Sex. male **5. Color or race.** col **6. (a) Single, widowed, married,** divorced Married
6. (b) Name of husband or wife. Willie Benton **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased. 11/15/1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1st
 _____, 1941, to _____, 1941!

8. AGE: Years About 65 Months ✓ Days ✓ If less than one day _____ hr. _____ min.

that I last saw him alive on _____, 1941, and that death occurred on the date and hour stated above.
 Immediate cause of death Valvular Heart Dis Duration 6 wks
+

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

Due to _____
 Due to _____
 Other conditions _____ (Includes pregnancy within 3 months of death)

10. Usual occupation Smoke - Invalid
11. Industry or business Had worked Restaurant

Major findings:
 Of operations _____
 Of autopsy _____

MOTHER
12. Name Wm
18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

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

FATHER
14. Maiden name Wm
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature Willie Benton
(b) Address 104 N. Ault St
17. (a) Burial (b) Date thereof Jan. 20/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Oakland Cem
18. (a) Signature of funeral director P. J. Carr
(b) Address 417 N. 3rd St

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

19. (a) Date received local registrar Jan 20-41 (b) Seal William
 (Date received local registrar) (Registrar's signature)

23. Signature Smith (M. D. or other) _____
Address Moberly Mo **Date signed** 1-21-41

RECEIVED

District Health Officer No. 10

District File Number 2-44-427

Date Filed FEB 19 1944

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

Robert L. Carr

Licensed Embalmer No.

3190

P. O. Address

no body 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.