

No. 2
4-13-40
5-17-39
P-I X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11015

APR 15 1941

State File No. _____

Registration District No. 411

Primary Registration District No. 2.002

Registrar's No. _____

499
2
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town JOPLIN

(c) Name of hospital or institution:
321 McCONNELL AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE
(Specify whether)

In this community 48 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER

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

(d) Street No. 321 McCONNELL AVE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 No years.

3. (a) PRINT FULL NAME THOMAS LYDE BENTON

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 26
year 1941 hour 11 minute a. M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased AUGUST 1 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 1-41
March 15, 1941, to _____, 19____;

that I last saw him alive on March 15 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

85 7 25 hr. min.

Immediate cause of death Senility -
Lobar pneumonia

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

Due to _____

Due to _____

10. Usual occupation LUMBERMAN

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business LUMBER

12. Name LIDANCE BENTON

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

14. Maiden name MARY SHIPLEY

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

16. (a) Informant Mrs. Cameron Diehl

(b) Address 2004 St. Louis Ave

17. (a) BURIAL (b) Date thereof 3-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary

18. (a) Signature of funeral director Hurlbut and Co.

(b) Address 212 Opium St. Joplin Mo.

19. (a) 3-28-41 (b) Ed J. Jarnes
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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?
3771
1100
While at work? _____ (Specify type of place)

23. Signature W. E. Hurray M.D. (M. D. or other) 1

Address 311 Missouri Bank Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

41-4-362

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 *Sam E. Seneaney Jr*

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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, fact should be so stated above.