

Registration District No. 4401 Primary Registration District No. 5609

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede  
 (b) City or town Near Lebanon, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
None  
 (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 Two weeks  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 83  
 (c) City or town Fort Leonard Wood  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. --  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country --

3. (a) PRINT FULL NAME Charles E. Bender

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

4. Sex Male 5. Color or race White 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 November 30 1919  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>6</u>	<u>7</u>	<u>--</u> hr. <u>--</u> min.

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

10. Usual occupation Private - Headquarters Battery

11. Industry or business 80th F.A., U.S. Army (17027118)

12. Name Unknown Unknown

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

14. Maiden name Unknown Unknown

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

16. (a) Informant Commanding Officer, 80th F.A.

(b) Address Fort Leonard Wood, Mo.

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

(c) Place: burial or cremation Monticello Sp

18. (a) Signature of funeral director Low Clark

(b) Address Rolla Funeral Home - Rolla, Mo.

19. (a) June 9, 1941 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
 year 1941 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from -- 19-- to -- 19--  
 that I last saw him -- alive on -- 19--  
 and that death occurred on the date and hour stated above.

Immediate cause of death Contusion, multiple, severe, brain, due to automobile accident. / Duration

Due to --

Due to --

Other conditions --  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations --  
 Of autopsy Performed and diagnoses confirmed.

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) accident

(b) Date of occurrence June 7, 1941

(c) Where did injury occur? Near Lebanon, Laclede, Mo.  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Highway - U.S. 66

While at work? No (Specify type of place) (e) Means of injury Automobile

23. Signature [Signature] (M. D. or other) 6/9/41

Address Fort Leonard Wood, Mo. Date signed --

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

17 Dec 97

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**



MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 449

Primary Registration District No. 5609

Registrar's No.

1. PLACE OF DEATH:

- (a) County Laclede
- (b) City or town Levanon T.P.  
(If outside city or town limits, write "RURAL" and name of township)
- (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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME

Charles E. Bender

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Sm

5. Color or race W

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Nov 30 1919  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>21</u>	<u>6</u>	<u>7</u>	hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 8-10-41  
(Date received local registrar)

(b) Jam. Combs  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_
- (c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")
- (d) Street No. \_\_\_\_\_ (If rural, give location)
- (e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration

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? \_\_\_\_\_

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

23. Signature E. P. Royce (M. D. or other)  
Address Southwood Date Nov

SUPPLEMENTARY

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

MOTHER FATHER