

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14373**

Registrar's No. **48**

Primary Registration District No. **3021**

Registration District No. **132**

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

40
1
2

1. PLACE OF DEATH:

(a) County **BRUNY**
(b) City or town **TRENTON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1024 Tinsman Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **LIFE**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **BRUNY** **40**
(c) City or town **TRENTON** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **1024 Tinsman Avenue**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Clyde W. Benson**

3. (b) If veteran, name war **WORLD** 3. (c) Social Security No. **488-14-8406**

4. Sex **M.** 5. Color or Race **K** 6. (a) Single, widowed, married, divorced **3 divorced DIVORCED**

6. (b) Name of husband or wife **BERTHA MILLER** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **SEPT 2 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 7 2 hr. _____ min.

9. Birthplace **TRENTON MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **PAINTER**

11. Industry or business _____

MOTHER FATHER

12. Name **FRANK BENSON**

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

14. Maiden name **LUCINDA WISDOM**

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

16. (a) Informant **MRS. EVA FARRINGTON**

(b) Address **TRENTON MO**

17. (a) **BURIAL** (b) Date thereof **4/6/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **K.P. CEM. TRENTON**

18. (a) Signature of funeral director **GIPSON FUN. HOME**

(b) Address **TRENTON MO**

19. (a) **4-5-43** (b) **L. Roberts**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **4th** year **1943** hour **4** minute **-** A.M.

21. I hereby certify that I attended the deceased **As Coroner**
_____ 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 **Drowning** Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **183-3 36**

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) **Accident 040**

(b) Date of occurrence **April, 1943**

(c) Where did injury occur? **Trenton Gandy MO**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - Basement
While at work? **No** (Specify type of place) (e) Means of injury **Drowning**

23. Signature **WMA Zuean** (M. D. or other) **MD**

Address **Trenton MO** Date signed **4-4-43**

APR 28 1943

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

C. M. Jomer

Licensed Embalmer No.

3453

P. O. Address

Quinton, 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.