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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 13 1948

Registration District No. 256

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5889 5879

State File No. 25886

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage  
(b) City or town Rural Benton 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 76 years

3. (a) PRINT FULL NAME Walheminne Benne

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

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

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

7. Birth date of deceased Jan 31 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 20 If less than one day 8 hr. 40 min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation None

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

MOTHER FATHER { 12. Name John W. Czeschin

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Gaver 4

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Benne

(b) Address Chamois, mo

17. (a) burial (b) Date thereof July 24 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deer Creek Cemetery Rural

18. (a) Signature of funeral director Otto T. Storkbeuk

(b) Address Chamois, mo  
19. (a) July 22, 1943 (b) E. Esther Sander  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage  
(c) City or town Rural  
(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 July day 21  
year 1943 hour 88 minute 40 A.M.

21. I hereby certify that I attended the deceased from past two years  
1943 to 19;  
that I last saw her alive on July 21  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic  
Branchial ectasia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 938  
(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)  
(c) Means of injury \_\_\_\_\_

23. Signature W. J. McPhilly (M. D. or other)  
Address Chamois, mo Date signed \_\_\_\_\_

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

570

(Licensed Embalmer's Statement on Reverse Side)

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 Louis Guest  
....., Registered Apprentice No. 4096  
working under my personal supervision. Jefferson City - Mo.

Signed Otto T. Stocksick

Licensed Embalmer No. 1902

P. O. Address Chamois, 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.**