. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41390

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 314

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim - Smith Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Lewis 56
(c) City or town: Canton (If outside city or town limits, write "RURAL")
(d) Street No.: Rural (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: ETTA JANE BENNING

3. (b) If veteran, name war: — 3. (c) Social Security No.: ✓

4. Sex: F — 5. Color or race: W — 6. (a) Single, widowed, married, divorced: 0

6. (b) Name of husband or wife: — 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: 6 (Month) - 24 (Day) - 1924 (Year)

8. AGE:

Years	Months	Days	If less than one day
19	5	26	hr. min.

9. Birthplace: Canton (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Teacher
11. Industry or business:

FATHER
12. Name: Perkins E. Benning
13. Birthplace: Canton (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name: Jennie Sue Hardin
15. Birthplace: Canton (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant: Mrs Jennie Benning
(b) Address: Canton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Bluff Springs
18. (a) Signature of funeral director: Summers & Powell
(b) Address: Kirksville Mo.
19. (a) 12/20/43 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day December year 1943 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 19, 1943, to Dec 19, 1943 that I last saw her alive on Dec 19, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Mellitus & Coma	10 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 6	
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: A B Lacayeblend (M. D. or other)
Address: Kirksville Mo Date signed: 12-20-43

1044 (Licensed Embalmer's Statement on Reverse Side)

JAN 2 01944

RECEIVED
District Health Officer No. 10
District File Number 1-44-8
Date Filed JAN 7 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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Kirksville 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.