

FILED JAN 14 1944

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 173

1. PLACE OF DEATH:
(a) County Greene
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1314 Dundell Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 40
(c) City or town Trenton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1314 Dundell Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

(a) PRINT FULL NAME JAMES KELLY BENTON
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 5th
year 1943 hour 6:45 minute P M.

4. Sex Male 5. Color or Race Black
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marion Benton 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased. May 15 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2 1943 to Dec 5 1943
that I last saw him alive on Dec 5 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 6 20 - hr. - min.

Immediate cause of death Organic Disease of the Heart
Due to _____
Due to _____

9. Birthplace Trenton Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) Hypertrophy of prostate
Duration 1 yr

10. Usual occupation Coal Miner retired

MOTHER FATHER { 11. Industry or business Mine
12. Name James Benton
13. Birthplace Union Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Unknown
15. Birthplace Union Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy gbc?
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant James H. Roberts, Benton
(b) Address Benton Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Dec 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wells Green Church Mo.

(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? _____

18. (a) Signature of funeral director Walter James
(b) Address Trenton Mo.
19. (a) 12-7-43 (b) L. Roberts
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature W. R. Brooks (M. D. or other)
Address Trenton Mo Date signed 12/7/43

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

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.....

Myself, Registered Apprentice No.....
working under my personal supervision.

Signed *Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Juntura 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.