

FILED JAN 33 1945

Registration District No. _____

Primary Registration District No. 5478

Registrar's No. 338

1. PLACE OF DEATH:

(a) County Gundy
 (b) City or town Trenton R # 2
 (c) Name of hospital or institution: Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Lifetime
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gundy
 (c) City or town Trenton R # 2
 (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 BENJAMIN FRANKLIN MONK

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lucy May Monk 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased Jan 6 1882
 (Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____
 12. Name Levi Monk
 13. Birthplace N.Y. state
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Walters
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucy May Monk
 (b) Address Trenton R # 2

17. (a) Burial (b) Date thereof Dec 6 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honey Creek Cem.
 18. (a) Signature of funeral director Superior Funeral Home
 (b) Address Trenton Mo

19. (a) 12-5-44 (b) L. J. Roberts
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
 year 1944 hour 10:30 minute AM

21. I hereby certify that I attended the deceased from Jan 1942, 19 4, to Dec 4, 19 44
 that I last saw him alive on Dec 1, 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction + general anoxemia
 Due to _____

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

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. J. Roberts (M. D. or other)
 Address Trenton Mo Date signed 12/7/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SEP 28 1956

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 Wesley H. Bradford
Licensed Embalmer No. 4570
P. O. Address Newton Md

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.