

S. No. 2
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7-5-17-39
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8968

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 20 1945

Registration District No.

Primary Registration District No. 3006

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1710 East Broadway
(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 Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 1710 East Broadway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Henry Benedict

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah Ellen McBaine

6. (c) Age of husband or wife if alive DK years

7. Birth date of deceased June 4 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>8</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Wesley Benedict

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

14. Maiden name Nancy Stone

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

16. (a) Informant Mrs Benedict

(b) Address Columbia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 11 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Rouvenot

(b) Address Columbia, Missouri

19. (a) 2-11-1945 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th
year 1945 hour 8:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from 1-20
1945, to 2-9, 1945

that I last saw him alive on 2-9 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
35 Some Mo.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration _____

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) Means of injury _____

23. Signature W. D. Ryan (M. D. or other) M.D.
Address Columbia, Mo. Date signed 2-10-45

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

1024

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-19-45

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 Rowell
Licensed Embalmer No. 3183
P. O. Address.....

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.