. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

18009

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2

Primary Registration District No. 3169

Registrar's No. 1293

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Mary's Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Calhoun 999

(c) City or town Hardin 11
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Olive Hines Benedict

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Albert E. Benedict

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

7. Birth date of deceased May (Month) 8 (Day) ~~1864~~ 1854 (Year)

8. AGE: Years 91 ~~81~~ Months 0 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Robert Hines

13. Birthplace Westmoreland Co. (City, town, or county) Va. ~~Missouri~~ (State or foreign country)

14. Maiden name Unknown Louvrisa Ryfolf

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

16. (a) Informant Mrs. Ine Hardesty

(b) Address Hardin, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-45 (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 6 1945 (Date received local registrar) (b) E. C. McCauran MD (Registrar's signature) By

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1945 hour 8:25 minute P. M.

21. I hereby certify that I attended the deceased from May - 31, 1945, to June - 1, 1945 - that I last saw her alive on June - 1 - 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Hip - and senility

Due to

Due to 195 e

Other conditions 18
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)~~ Accident

(b) Date of occurrence May - 28 or 29 -

(c) Where did injury occur? Home - Hardin Ill (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 Gun -

23. Signature John P. Murphy (M. D. ~~or other~~)

Address 634 N. Grand Date signed 6/4/45

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1947

MAY 12 1947

MAY 26 1947

NOV 8 1957

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.....

Licensed Embalmer No.....

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Arkansas } ss.
County of Carroll }

State File No. 18009-45

Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27 day of September, 1947, before me appears B C Benedict, who, upon his oath, states that the original record of ~~birth~~ death for Olive Hines Benedict, died ~~born~~ June 1, 1945, 19, in the State of Missouri, and which was filed at Richmond Heights on June 6, 1945 should be corrected as follows:

Item No. 7 should read May 8, 1854
Instead of May 8 1864

Item No. 8 should read 91 - 0 - 23
Instead of 81 - 0 - 23

Item No. 13 should read Westmorland County, Virginia (5-3-1826)
Instead of Unknown Missouri

Item No. 14 should read Louvisa Rybolt
Instead of Unknown

Item No. 15 should read Calloway County Missouri (1 - 1-1823)
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant B C Benedict Son
Relationship.

B C Benedict,
Green Forest, Arkansas
Present Address.

Subscribed and sworn to before me this 27 day of September 1947, 194

My Commission expires MY COMMISSION EXPIRES JAN. 29, 1949 J D Wolfe Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-8-42
I X33820