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

314

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2254

Registration District No. 47 Primary Registration District No. 3137 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Aux-vasse Rural Auxvasse Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 or 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Auxvasse Rural 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country X

3. (a) PRINT FULL NAME George Robert Benskin

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M d

5. Color or race W

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

6. (b) Name of husband or wife Mae Benskin

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

7. Birth date of deceased Aug (Month) 25 (Day) 1896 (Year)

8. AGE: Years 49 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Portland (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James E. Benskin
13. Birthplace Portland (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Ann Rehma
15. Birthplace Portland (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Mae Benskin

(b) Address Aux vasse, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-6-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Aux vasse

18. (a) Signature of funeral director Hughes Mankin

(b) Address Aux Vasse, Mo.

19. (a) 1-6-1946 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd year 1946 hour 4 minute 05 P.M.

21. I hereby certify that I attended the deceased from 1940, to death 19 ; that I last saw him alive on Jan 1 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	Ten Minutes
Due to Coronary Heart disease	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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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. H. Dorman (M. D. or other) DO

Address Auxvasse Mo Date signed 1-4-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-5-46

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 Hughes Manfin

Licensed Embalmer No. 2358

P. O. Address Eux Vasse, Ma.

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.