

FILED MAR 6 1946  
Registration District No. 56

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Johns Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)  
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1919 Laurel 5  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME James E. Benson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 0 5. Color or race W  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Anna Benson  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 22, 1862  
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 13  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Self

MOTHER FATHER  
12. Name George Benson 9  
13. Birthplace No record 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Sneigeter  
15. Birthplace No record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Benson

(b) Address 1919 Laurel, Joplin, Mo

17. (a) Burial (b) Date thereof 2-6-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 2-7-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4  
year 1946 hour 9 minute 20 p.m.

21. I hereby certify that I attended the deceased from Jan 25 46 to Feb 4 46  
that I last saw him alive on July 4, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of prostate  
Duration 9 mos

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 0  
Address Joplin Mo Date signed 2-6-46

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

5058

46-2-156

APR 7 1949

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 *Steve Parker*.....

Licensed Embalmer No. *2548*.....

P. O. Address *Yonkers*.....

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.