

FILED MAY 9 1946 STANDARD CERTIFICATE OF DEATH

State File No. 12436

Registration District No. 47 Primary Registration District No. 5757

Registrar's No. 172

1. PLACE OF DEATH:

(a) County Callaway Co.

(b) City or town Portland, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 74-2-13 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Callaway Co.

(c) City or town Portland, Mo. Rural
(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 Joseph Albert. Benskin.

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Benskin. 6. (c) Age of husband or wife if alive 16 1/2 years

7. Birth date of deceased Feb 11th, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>13</u>	_____ hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____

12. Name Aron Benskin.

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

14. Maiden name Anna M. Eddle.

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

16. (a) Informant Mrs Victoria Atterberry

(b) Address Portland, Missouri.

17. (a) Burial (b) Date thereof April 26th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benskin Famil. Ceme

18. (a) Signature of funeral director Barney Bates

(b) Address Americus, Mo.

19. (a) 4-30-1946 (b) Joseph Morsinkoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th, year 1946 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-12 to 4-24, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Mythral Regurgitation
of the left
ventricle
due to
faulty Valves

Other conditions: Passive congestion
of the lungs, kidney & edema

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) 1946 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 1

23. Signature W. W. Layan (M. D. or other) _____
Address R #6 Fulton Date signed 4-28-46

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 _____

D. B. Baker, _____, Registered Apprentice No. _____

working under my personal supervision.

Signed D B Baker _____

Licensed Embalmer No. 3375 _____

P. O. Address Americus, Mo. _____

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.