

FILED MAR 14 1947

Registration District No. 5

Primary Registration District No. 6076

Registrar's No. 509

1. PLACE OF DEATH:

(a) County 3908 Carson Road
(b) City or town Carsonville, Missouri (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3908 Carson Rd., Carsonville, Missouri
(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 Missouri (b) County St. Louis, 96
(c) City or town (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 3908 Carson Rd., Carsonville, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th,
year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to 3-5, 1947
that I last saw him alive on 3-4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death cardiomyopathy Duration 11 mo.
Due to sclerosis
Due to 124th

Other conditions myocarditis chronic
(Include pregnancy within 6 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 0

23. Signature E. J. Fricks (M. D. or other) _____
Address 608 1/2 Kingsland Date signed 3-6-47

3. (a) PRINT FULL NAME JANNIE MC NAIR BENSON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) ~~XXXXX~~ widowed, ~~XXXXX~~ XXXXX WIDOWED.

6. (b) Name of husband or wife Late Albert Benson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 12th 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 6 23 hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Cyrus Corgan

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

14. Maiden name Agnes Mc Carver

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

16. (a) Informant Owosso Melvin

(b) Address 3908 Carson Road

17. (a) Burial (b) Date thereof Mar. 8th 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Blvd.

19. (a) 3-8-47 (b) Clutha J. Allen MD
(Date received local registrar) (Registrar's signature)

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

85407
L.A.S. '33

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 John A. Minar
Licensed Embalmer No. 4186
P. O. Address St. Louis 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.