No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 12 1947

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 27258

Registration District No. 707 Primary Registration District No. 4180 Registrar's No. 23

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Campbell 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. ..... 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Eurastus Pores Benson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nola Benson
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March (Month) 30 (Day) 1871 (Year)

8. AGE: Years 76 Months 5 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Dunklin County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation General Merchant
11. Industry or business —
FATHER
12. Name Thomas Benson
13. Birthplace unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Nola Benson
(b) Address Campbell, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell Missouri
19. (a) 9/6/47 (Date received local registrar) (b) Mrs. Beulah Campbell (Registrar's signature) 77

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1st year 1947 hour ..... minute 6:00 A. M.

21. I hereby certify that I attended the deceased from June 16th, 1947 to Aug 30th, 1947 that I last saw him alive on Aug 30th, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic myocarditis | ? |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations — | |
| Of autopsy — | |

93 D

PHYSICIAN
Underline the cause of 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 Wallace A Belsey (M. D. or other) MD
Address Campbell Mo. Date signed 9/6/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 947-1213
Date Filed 9-11-47

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.