

FILED NOV 17 1947

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 1331

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2519<sup>th</sup> Edmonds  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
 In this community 21 years  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 107 So. 19th  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country U

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Marie A. Benjamin

20. DATE OF DEATH: Month November day 6  
 year 1947 hour 2<sup>nd</sup> minute A. M.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed

21. I hereby certify that I attended the deceased from March 5, 1947 to Nov 6, 1947  
 that I last saw her alive on Oct 27, 1947  
 and that death occurred on the date and hour stated above. Duration

6. (b) Name of husband or wife Vaun H. Benjamin 6. (c) Age of husband or wife if alive 2 years

Immediate cause of death Hypertensive Cardio-vascular renal disease Unknown

7. Birth date of deceased October 2, 1885  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 1 4 hr. min

Due to  
 Due to

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

Other conditions Cerebral Vascula accident 6 1/2 wks  
Arterial and Myocardial Insufficiency Unknown  
 (Include pregnancy within 3 months of death) PHYSICIAN

10. Usual occupation At home

11. Industry or business At home

12. Name Thomas McFarland

Major findings: Of operations 92%  
 Of autopsy 92%  
 Underline the cause of which death should be charged statistically.

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

14. Maiden name Anna Summers

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

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 (a) Means of injury U  
 23. Signature Jay Redmond (M. D. or other) M.D.  
 Address St. Joseph, Mo. Date signed 11/6/47

16. (a) Informant Howard H. Benjamin  
 (b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11/8/47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Stanton - Burdette  
 (b) Address St. Joseph, Mo.

19. (a) 11-10-47 (b) l. l. Jenkins  
 (Date received local registrar) (Registrar's Signature)

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

MOTHER FATHER

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.....  
*Francis Joseph Wyland Jr*..... Registered Apprentice No. *444*  
working under my personal supervision.

Signed... *Frank A. Browne*  
Licensed Embalmer No. *1710*

P. O. Address *St Joseph 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.