

S. No. 2
 1-8-13
 5-17-39
 PI X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JAN 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **44094**

Registration District No. **379**

Primary Registration District No. **7536287**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Wright**
 (b) City or town **MANSFIELD RURAL**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **27 years**
 years, months or days

3. (a) PRINT FULL NAME **GEORGE NATHAN BENJAMIN**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **NONE**

4. Sex **M D** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **WIDOWED**
 6. (b) Name of husband or wife **ADA S BENJAMIN** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **JUNE 23 1868**
 (Month) (Day) (Year)

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

9. Birthplace **Elk Point S.D**
 (City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

12. Name **DAVID BENJAMIN**

13. Birthplace **NOVA SCOTIA**
 (City, town, or county) (State or foreign country)

14. Maiden name **BETTY JANE TAGGART**

15. Birthplace **NEW HAMPSHIRE**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Max May Benjamin**

(b) Address **Mansfield, Mo**

17. (a) **Burial** (b) Date thereof **12-31-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mansfield Cem**

18. (a) Signature of funeral director **J A STEFFE**

(b) Address **Mansfield Mo**

19. (a) **1/2/48** (b) **Hubert Stout Allyn**
 (Data received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Wright**
 (c) City or town **Mansfield 1 1/2 mile South**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **29**
 year **1947** hour **11:00** minute _____ P.M.

21. I hereby certify that I attended the deceased from **12-15**, 1947, to **Dec 29**, 1947,
 that I last saw him alive on **Dec 29**, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **15 day**

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **GBA**

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) 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) _____ (e) Means of injury **0**

23. Signature **J A Fuson** (M. D. _____)
 Address **Mansfield Mo** Date signed **Dec 31 47**

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

1948-5241

RECEIVED

District Health Officer No. 6,

District File Number 148-8

Date Filed JAN 7 1948

DEC 6 1950

JAN 13 1948

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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address. Startsville, 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.