

FILED AUG 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23527

State File No.

Registration District No. 191Primary Registration District No. 4303Registrar's No. 6

1. PLACE OF DEATH:

(a) County Livingston
 (b) City or town Mooresville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community 45 years
years, months or days)3. (a) PRINT FULL NAME Hiram Elliott Benson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Susan Comstock 6. (c) Age of husband or wife if alive D years7. Birth date of deceased March 22 1872
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
76 4 8 hr. min.9. Birthplace Mooresville, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Rural Mail Carrier

11. Industry or business

12. Name Herman H. Benson13. Birthplace Illinois
(City, town, or county) (State or foreign country)14. Maiden name Elliott15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Lela Benson(b) Address Chillicothe, Missouri17. (a) Burial (b) Date thereof 8-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mooresville Cemetery18. (a) Signature of funeral director Norman Funeral Home(b) Address Chillicothe, Missouri19. (a) Aug-2-1948 (b) Leola Benson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston(c) City or town Mooresville
(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 July day 30
year 1948 hour 8 minute 30P M.21. I hereby certify that I attended the deceased from Jan 1 1944
to July 30 1948
that I last saw him alive on July 26 1948
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of rectum
Duration 2 yrsDue to.....
Due to.....Other conditions metastasis to liver
(Include pregnancy within 3 months of death) 6 Mo.

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) 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 play) (e) Means of injury.....

23. Signature [Signature] (M. D. or other).....Address Chillicothe, Mo. Date signed 7/31/48

NOV 17 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 *Edward F. Roman*

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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.