

National Office of Vital Statistics  
FILED NOV 18 1948

Registration District No. 5428/112

Primary Registration District No. 22A 5428

Registrar's No. 24

## 1. PLACE OF DEATH:

(a) County Franklin  
 (b) City or town Sullivan, R. # 2  
 (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 40 Yrs.  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma Frances Benson3. (b) If veteran, name war No 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased June 24, 1872 (1872)  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 3 21 hr. min.9. Birthplace Washington Co. Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Home

MOTHER FATHER  
 12. Name Levi Garrett  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lucinda Jackson  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Goodman(b) Address Sullivan, Mo.17. (a) Burial (b) Date thereof Oct. 18,  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sullivan, Mo.18. (a) Signature of funeral director Has. P. Baker(b) Address Sullivan, Mo.19. (a) 19-12-48 (b) H. K. H. H. H. H.  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36  
 (c) City or town Sullivan, R. # 2. 2  
 (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 October day 15  
year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec, 1947  
 to October 1948  
 that I last saw her alive on October 10, 1948  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Myocarditis

Due to.....

Due to.....

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

48 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 R. P. Baker M.D. (M. D. or other)Address Sullivan, Mo. Date signed 10/16/48Duration  
10 Mos

## PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED  
District Health Officer No. 9,  
District File Number NOV 10 1948  
Date Filed

OCT 6 1950

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 Thos. P. Haller  
Licensed Embalmer No. 612692  
P. O. Address Hullwar 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.