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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

FILED APR 14 1943

Registration District No. 222

Primary Registration District No. 5794

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

1800

1. PLACE OF DEATH:

(a) County MONITEAU  
(b) City or town "Rural" Moreau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1 Mile East Clarksburg, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether)  
In this community NINE YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU  
(c) City or town "RURAL" 1 Mile E. Clarksburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 Mile East Clarksburg, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country Native

3. (a) PRINT FULL NAME MARY C. BENZ

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased SEPTEMBER, 24th, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 5 21 hr. min.

9. Birthplace COOPER COUNTY, MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOME

MOTHER FATHER { 12. Name CASPER ERNST

13. Birthplace XXXXXXXXXXXX GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name CECILIA FRIDAY

15. Birthplace Clinton P Britton  
(City, town, or county) (State or foreign country)

16. (a) Informant J. P. BRITTON

(b) Address Clarksburg Mo.

17. (a) BURIAL (b) Date thereof 3/19/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CLARKSBURG MO

18. (a) Signature of funeral director Jessie E. Richard  
(b) Address Clinton Mo

19. (a) Mch 19 1943 (b) Jessie M. Nedels  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
year 1943 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from death  
until first seen, 19...;  
that I last saw h... alive on 19...;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 day

Due to Generalized arteriosclerosis

Due to 83a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN  
Underline the cause to 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?

While at work? (Specify type of place) (a) Means of injury

23. Signature Kenneth Latham (M. D. or other) Coroner

Address California, Mo Date signed 3-16-43

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Jemelle - E - Richards  
Licensed Embalmer No. 2466  
P. O. Address Lipton

**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.**