

Registration District No. 316

Primary Registration District No. 6073

Registrar's No. 43

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre, Mo.
(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.....
years, months or days)

3. (a) PRINT FULL NAME SOPHIA BENHAM

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife W. A. Benham 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Aug - 1 - 1853
(Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 9 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant David Benham

(b) Address R. F. D. Bonne Terre, Mo.

17. (a) Burial (b) Date thereof 8-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marvin Chapel

18. (a) Signature of funeral director Benham H. Co.
(b) Address 313 Benham St.

19. (a) August 14, 1942 (b) Byrdie Bukmaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. Bonne Terre, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1942 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 7th 1942 to Aug 10th 1942
that I last saw her alive on Aug 9th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations no

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.....

Signature A. L. Evans (M. D. or other)

Address Bonne Terre Mo Date signed 8-10-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

94
2
1

RECEIVED

District Health Officer No. 4
District File Number 942-1095
Date Filed 9-2-42

out

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.....

Leonard John Vargo

Registered Apprentice No. 311

working under my personal supervision.

Signed *J. S. Sherman*

Licensed Embalmer No. 3376

P. O. Address Bonne Terre, 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.