

FILED OCT 17 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 377

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Carrollville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Nursing Home #2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME

John Arthur Beningham

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Judith Coram 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec 18 1866
(Month) (Day) (Year)

8. AGE: 3 Years 9 Months 15 Days
 If less than one day _____ hr. _____ min.

9. Birthplace Shucock County Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name James Wesley Beningham

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

14. Maiden name Elizabeth Bryan

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

16. (a) Informant Wm. J. A. Cassinham

(b) Address Memphis Mo.

17. (a) Burial (b) Date thereof 10-3-46
(Burial, cremation, or removal) (Month), (Day) (Year)

18. Place: burial or cremation Memphis Mo

19. (a) Signature of funeral director D. W. Payne

(b) Address Memphis Mo

19. (a) Oct 3 - 46 (b) State Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland
 (c) City or town Memphis
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
 year 1946 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept 18
Oct 3 1946 to Oct 3 1946
 that I last saw him alive on Oct. 2 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic pneumonia Duration 48 hrs
 Due to lympho blastoma 18 mo.

Due to _____
 Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings: 55E
 Of operations _____
 Of autopsy lympho blastoma

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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Willie V. Cole (or other) WV
 Address 901 S. Florence Kirksville Date signed 10-3-46

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

MOTHER FATHER

DEC 12 1946

JAN 22 1947

RECEIVED
OCT 14 1946
10:46:1887
O.M. No. 10

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 *M. Payne*

Licensed Embalmer No. 2196

P. O. Address. Memphis

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Illinois }
County of Stamans } ss.

State File No. 32544-46
Local Registrar's No. 377

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28th day of December, 1946, before me appears.....
Cora M. Cassingham, who, upon her oath, states that the original record of ^{birth} death
for John Arthur Cassingham, died oct 3 ^{born}, 1946 in the State of
Missouri, and which was filed at..... on Oct. 17, 1946 should be corrected as follows:

- Item No. 6 B should read Cora m
Instead of Julia
- Item No. should read.....
Instead of.....
- Item No. should read.....
Instead of.....
- Item No. should read.....
Instead of.....
- Item No. should read.....
Instead of.....
- Item No. should read.....
Instead of.....
- Item No. should read.....
Instead of.....
- Item No. should read.....
Instead of.....
- Item No. should read.....
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Cora M. Cassingham, Wife
Relationship. Wife
Memphis Mo.
Present Address.

Subscribed and sworn to before me this 28th day of December, 1946

My Commission expires January 26-1947 J. E. Thompson Jr. Notary Public.

1947
JAN 22 1947

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