MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8687

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1274

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 7327 Belleview St. Ward)

2. FULL NAME Willmina Benninghoff

(a) Residence. No. 7327 Belleview St., 8 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jereney Benninghoff

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 18, 1850

7. AGE: Years 82 — Months 0 — Days 9 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Lima
(STATE OR COUNTRY): Ohio 2

PARENTS

10. NAME OF FATHER: Matthias Hawes
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany 10
12. MAIDEN NAME OF MOTHER: Rebecca Hawes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Maryland 2

14. INFORMANT: Mrs. Ethel Guey
(Address): 7327 Belleview

15. FILED 3/28 1932 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 27, 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1932, to Mar 27, 1932, that I last saw her alive on Mar 27, 1932, and that death occurred, on the date stated above, at 8:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? place of Death

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

3/28 (Signed) R. C. Ragan, M. D.
1932 (Address) 75-[illegible] Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF ~~BURIAL, CREMATION, OR~~ REMOVAL: Wichita, Kansas — DATE OF BURIAL: 3-29 1932

20. UNDERTAKER: Stine & McClure — ADDRESS: 3235 Gillham Plaza

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.