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.

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

Do not use this space.

23173

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1023 — Registered No. 2880
City Kansas City (No. 4621 Wornall Rd (Rear Garage) St. Ward)

2. FULL NAME Ivan M Bentley
(a) Residence, No. 4621-WORNALL St., 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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-18-1903
7. AGE: YEARS 30 MONTHS 3 DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. STENOGRAPHER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PENNSYLVANIA R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS

FATHER
13. NAME IRA M. BENTLEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS

MOTHER
15. MAIDEN NAME LONA BURNS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MISS BLANCHE BENTLEY (ADDRESS) 4621 WORNALL ROAD
18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JULY-13 1933
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.
20. FILED July 12, 1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/11/33 19
22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:
Carbon Monoxide Gas poisoning 164C
Date of onset
Other contributory causes of importance: 164

Name of operation Autopsy Date of
What test confirmed diagnosis? Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7/11/33
Where did injury occur? 4621 Wornall Rd Kansas (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Exhaust from Motor Car Home
Nature of injury Poisoning
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) [illegible] DEP-COR