

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

Do not use this space.

**1. PLACE OF DEATH**

County JACKSON

Registration District No. 399

Township KAW

Primary Registration District No. 1002

City KANSAS CITY

(No. 7209-AGNES)

File No. 32961

Registered No. 3889

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

MRS. JENNEYA M. BENDSEN

(a) Residence, No. 115 EAST 78TH ST. TERR. Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>OYE BENDSEN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MARCH-13-1876</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>6</u>
		DAYS
		<u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>HOUSEWIFE</u>		<u>80</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OHIO</u>	
13. NAME <u>CALVIN EARHARDT</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OHIO</u>	
15. MAIDEN NAME <u>ELIZABETH HEATH</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ENGLAND</u>	
17. INFORMANT <u>MR. OYE BENDSEN</u> (ADDRESS) <u>115 EAST 78TH ST. TERR.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>BEATRICE, NEAR</u> DATE <u>OCTOBER-5-1933</u>	
19. UNDERTAKER <u>D. W. NEWCOMER'S SONS</u> (ADDRESS) <u>KANSAS CITY, MISSOURI</u>	
20. FILED <u>10/3</u> 19 <u>33</u> <u>73</u> <u>73</u> <u>73</u> <u>W. C. Rouse</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-2-1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 12 1933 to Oct. 2 1933  
I last saw her alive on Oct. 2 1933 Death is said to have occurred on the date stated above, at 5:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia Date of onset Oct. 1, 1933  
Cerebral Thrombosis Apr. 12, 1933  
Myocardial Infarction July, 1932  
Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cerebral Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Carroll P. Hurlgate, M. D.  
(Address) 1010 Park Blvd  
K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 10 1933

295  
92

1010 Professional Bldg

10:30 - 12 - 1-4:30