

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

Do not use this space.

5444

MAR 20 1935

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township 1st Primary Registration District No. 1002  
City Kansas City (No. 4407 Wyoming)

File No. 105  
Registered No. 25  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Richard Conrad Bender  
(a) Residence, No. 4407 Wyoming St., \_\_\_\_\_ 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 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) Nov. 11, 1933

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>1</u>	<u>1</u>	<u>20</u>	<u>4</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miss  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

MOTHER 13. NAME Conrad F. Bender

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Badaria Germany

15. MAIDEN NAME Anna Hallinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

17. INFORMANT Mr Conrad Bender  
(ADDRESS) 4407 Wyoming

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 18, 1935

19. UNDERTAKER Quirk & Robin Co  
(ADDRESS) 2000 Remond

20. FILED 21 17 35 M. M. Corrow Ass  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15-12 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1935, to Feb 15, 1935.  
I last saw him alive on Feb 12, 1935. Death is said to have occurred on the date stated above, at 10:05 AM.

The principal cause of death and related causes of importance were as follows:

Meningitis, Tuberclos  
24

Date of onset about Jan 22, 1935

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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?  
If so, specify \_\_\_\_\_

(Signed) Terry E. Lilly M. D.  
(Address) 1027 Arroyo Bldg - Kansas City 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.

