

REC'D MAY 9 1938

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

13829

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City K. C. Mo. (d) Street No. Midwest Hospital St. 1809
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Lou Bennefeld 514
(a) Residence, No. 2517 Race Ave. Indp. MO. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2nd, 1937.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- 6 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
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) Independence, Mo.

FATHER 13. NAME Elmer J. Bennefeld,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Bessie Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Elmer J. Bennefeld, (ADDRESS) Independence, Mo. R.F.D.#6.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE April 30, 1938

19. FUNERAL DIRECTOR Mrs. C.L. Forster (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED Apr 30, 1938 M. M. Kenow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1938, to Apr 29, 1938
I last saw her alive on Apr 29, 1938 Death is said to have occurred on the date stated above, at 10³⁰ a.m.
The principal cause of death and related causes of importance were as follows:

Intussusception of Colon into Cecum
122 B
Date of onset 4/21/38

Other contributory causes of importance:

Unknown

Name of operation Open abdominal Date of 4/29/38
What test confirmed diagnosis? Open abdominal Was there an autopsy? yes

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) J. S. [Signature], M. D.

(Address) 1309 [Address]

Waldheim Bldg.
Vic: 7755

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed _____
Licensed Embalmer No. _____

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.)