

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

24128
Do not use this space.

REC'D AUG 8 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Yean Primary Registration District No. _____ Registered No. 2633
 (c) City Kansas City (d) Street No. 1202 3 E 8 St (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Henry George Bennett 530
 (a) Residence, No. 1202 3 E 8 St St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>3</u>	<u>20</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as 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) Ohio

FATHER
 13. NAME Harry Bennett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
 15. MAIDEN NAME No Record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Deputy Clerk K.C. Gen Hosp K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
 Place Washing, Cem. DATE July 2nd, 1938

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

20. FILED 7-2 1938 M.M. Crowe, asst Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1938 to 6-30, 1938
 I last saw him alive on 6-20, 1938 Death is said to have occurred on the date stated above, at 12:25 am
 The principal cause of death and related causes of importance were as follows:
Coronary of lung Date of onset 47

Other contributory causes of importance: Pneumonia

Name of operation _____ 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? _____ 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) R. H. De Maria, M. D.
 (Address) Supr K.C. Gen Hosp K.C. Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.