

REC'D FEB 20 1939

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

1295
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Law Primary Registration District No. 1002
(c) City Jansas City (d) Street No. Lakeside Hospital Registered No. 308
(e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Benjamin Wilbur Dwight
(a) Residence, No. 3346 Agnes St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Whitehead Dwight
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1870
7. AGE YEARS 68 MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Traveling Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Rubber Goods, Pant
10. Date deceased last worked at this occupation (month and year) Oct 5, 1938
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa
13. NAME Wilbur Fisk Dwight
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
15. MAIDEN NAME Ella D. Slaughter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
17. INFORMANT (ADDRESS) Mrs Emma W. Dwight 3346 Agnes
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE Jan. 26, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) M. M. Browne Brush Creek + Grace
20. FILED Jan 25, 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1938 to Jan. 23, 1939
I last saw him alive on Jan 22, 1939 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
12265
Arteriosclerosis
Myocardial Infarction
296655
Other contributory causes of importance:
Name of operation Ligature Date of Jan 23, 1939
What test confirmed diagnosis? Autopsy 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) George J. O'Leary, M. D.
(Address) 116 W 47th St
K C Mo

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.

110
S - 8
T. 4 0/1
0

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 *C Hervey Guisenberry*

Licensed Embalmer No. *4070*

P. O. Address *Kansas City, Mo*

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.