

38760.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 399Primary Registration District No. 1002Registrar's No. 4524

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 (Specify whether
 In this community 14 years
 years, months or days)

8. (a) PRINT FULL NAME Joseph Franklin Bent 5308. (b) If veteran, name war _____ 8. (c) Social Security No. 494-14-49184. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Martha S. Bent 6. (c) Age of husband or wife if alive 43 years7. Birth date of deceased July 19, 1884
(Month) (Day) (Year)8. AGE: Years 55 Months 4 Days 8 If less than one day hr. _____ min. _____9. Birthplace Red-Cloud, Nebr.
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
 { 12. Name June Bent
 { 13. Birthplace Bedford, Iowa
 { 14. Maiden name Rosella Bryant
 { 15. Birthplace Table Rock, Nebr.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geraldine R. Bent(b) Address North Kansas City, Route #8
Burial17. (a) (b) Date thereof 11-30-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty, Missouri18. (a) Signature of funeral director Morton Funeral Home(b) Address 832 Armour Road, North V. C.19. (a) Nov. 28-39 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
 (c) City or town North Kansas City, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route #8 (Harlem)
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27
year 39 hour 11:45 minute P. M.21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Fracture of the skull
Rupture of the brainDue to Fall down stairsDue to _____
Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 11/21/39
 (c) Where did injury occur? 134th & North No. KC MO
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

31. While at work? _____ (Specify type of place)
 32. Signature M. M. Brown 4 (M. D. or other)
 Address Peers Date signed 11/28/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FEB 24 1943

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.....

personally

Registered Apprentice No.

working under my personal supervision.

Signed

Harold L. Roan

Licensed Embalmer No.

3605

P. O. Address

North 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.