filed MAR 1 1940

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

5301
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township or (c) City Kaw / Kansas City, Mo.
Registration District No. 399
Primary Registration District No. 1002
Registered No. 526
(d) Street No. 7326 Washington St.
(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 52.5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Olaf A. Benson
(a) Residence, No. 7326 Washington St.
(Usual place of abode, if no street address, write county or city) (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 Nellie Benson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1873

7. AGE: Years 66 | Months 11 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Swedish American
9. Industry or business in which work was done, as saw mill, bank, etc. Building & Loan Ass'n
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) Sweden

FATHER
13. NAME Anders Benson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Mrs. Nellis Benson
(ADDRESS) 7326 Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE Feb. 5, 1940

19. FUNERAL DIRECTOR (NAME) R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED Feb. 5, 1940 M. M. Crowe
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from about 1930, 19.... to 2-3-, 1940
I last saw him alive on 2-3-40, 19.... Death is said to have occurred on the date stated above, at 11:30 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2/3-
Chronic nephritis	
+ myocarditis	yrs
131	

Other contributory causes of importance:

Cellulitis left foot	10 days

Name of operation ..... Date of 20
What test confirmed diagnosis? Cl 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) J. W. Hulsey, M. D.
(Address) 2000 Wolf Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

PHYSICIANS: FILL OUT, SIGN, AND RETURN THIS IS A PERMANENT RECORD

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 Roscoe H Keeler

Licensed Embalmer No. 3738

P. O. Address D.C. Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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