DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9669

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1103

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days (Specify whether years, months or days)
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3304 Woodland
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Jessie Bennett 530

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fe.

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Seperated

6. (b) Name of husband or wife Wm. Bennett

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Mar. (Month) 25 (Day) 1892 (Year)

8. AGE: Years 47 Months 11 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace Orrick (City, town, or county) Mo. (State or foreign country) 7

10. Usual occupation Evanglist

11. Industry or business

FATHER
12. Name John Sage 7
13. Birthplace France (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy A. Tague
15. Birthplace Harruison Co. Mo. (City, town, or county) (State or foreign country) 7

16. (a) Informant's own signature Nancy A. Sage
(b) Address 3304 Woodland

17. (a) Burial (Burial, cremation or removal) (b) Date thereof Mar. 11 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C. Mo.

19. (a) Mch 11, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1940 hour 7 minute 00 A.M. M.

21. I hereby certify that I attended the deceased from 2-11-40, 19__, to 3-8-40, 19__; that I last saw her alive on 3-8-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral pulmonary tuberculosis with terminal bronchopneumonia	
Due to: 23	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature P. J. De Maria MD (M. D. or other)
Address Supt. K.C. Gen. Hospital, K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Chas Wilks

Licensed Embalmer No. #2644

P. O. Address 1800 Linwood

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.