

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9916**  
Registrar's No. **1350**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**  
(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 No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **24 days** (Specify whether  
In this community **38 Years** years, months or days)

3. (a) PRINT FULL NAME **Andrew C. Behnke** **5720**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Lillie M. Behnke** 6. (c) Age of husband or wife if alive **72** years  
7. Birth date of deceased **Feb. 14th, 1863**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **1** Days **11** If less than one day  
hr. min.

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Tailor for self.**

11. Industry or business

MOTHER FATHER  
12. Name **Andreas Behnke**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **No Record.**  
15. Birthplace **No Record.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Lillie M. Behnke**

(b) Address **415 South Brighton**

17. (a) **Burial** (b) Date thereof **Mch. 27-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lit. Washington, Cem.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn Avenue, K.C. Mo.**

19. (a) **Mch 27, 1940** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

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. **415 So. Brighton** (If rural, give location)  
(e) If foreign born, how long in U. S. A. **58 years** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **25th**  
year **1940** hour **8** minute **25** P. M.

21. I hereby certify that I attended the deceased from **3-1-40** 19... to **3-25-40** 19...  
that I last saw h. **im** alive on **3-25-40** 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach**  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy **None**

Duration  
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **P. E. DeMunn** (M. D. or other)  
**Supt. K.C. Gen. Hospital, K.C. Mo.**  
Address **3-26-40**

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.

Rev. 5-17-39  
Form 1 X1931

**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 me

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed C. H. Wise

Licensed Embalmer No. #2570

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.**