No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13878

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1590

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4120 Oak (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 8yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark. (b) County

(c) City or town Fort Smith (If outside city or town limits write "RURAL")

(d) Street No. ********** (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry Philipp Benus 520

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 7 1867 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Louis Benus
13. Birthplace (City, town, or county) Holland (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace (City, town, or county) No record (State or foreign country)

16. (a) Informant Walter E. Benus

(b) Address 4120 Oak

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 14 (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville Missouri

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

(b) Address 918 Brooklyn Kansas City Mo.

19. (a) April 14. 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 1, 1940 to April 12, 1940; that I last saw him alive on April 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to 94	
Due to	
Other conditions Angina Pectoris (Include pregnancy within 3 months of death)	10 days

Major findings:
Of operations
Of autopsy

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 Carla Jackson (M. D. or other)

Address 1103 E Tennessee Date signed

(Licensed Embalmer's Statement on Reverse Side)

1103 Brown
Rec 4/93
11:30-4 19 Mr.

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. mo

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

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