S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6010

Registration District No. 397 Primary Registration District No. 1002 Registrar's No. 782

48 3 8

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: 2641 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3104 East 73 St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME Mrs. Sarah Bennett
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife George W. Bennett
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Feb. 12 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	0	9	____ hr. ____ min.

9. Birthplace (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation at home
11. Industry or business
MOTHER FATHER
12. Name Norecord
13. Birthplace (City, town, or county) England (State or foreign country) 4
14. Maiden name No record
15. Birthplace (City, town, or county) England (State or foreign country) 4
16. (a) Informant Robert S. Bennett
(b) Address 3104 East 73 St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem.
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn, K. C. Mo.
19. (a) 2/24/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/ day Feb. year 1941 hour 8 minute P M.
21. I hereby certify that I attended the deceased from Jan 15, 1941, to Feb 21, 1941, that I last saw her alive on Feb 21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Insufficiency	
Due to Cerebral Hemorrhage	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 Carl Jackson (M. D. or other) MR
Address 1163 E Linwood Kansas City Date signed 2-22-41

(Licensed Embalmer's Statement on Reverse Side)

1103 Armour
We. 4193

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 J. Clair Shepard

Licensed Embalmer No. 4179

P. O. Address K. C. 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, fact should be so stated above.