

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18078

State File No. _____

Registration District No. _____

404

Primary Registration District No. _____

2557

Registrar's No. 92

1. PLACE OF DEATH: Jackson *Wornall*
 (a) County Kansas City
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 8105 Wornall Road
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8105 Wornall Road
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years. 0

3. (a) PRINT FULL NAME Edward Bentle
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: September 16, 1871
 (Month) (Day) (Year)

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: Cincinnati, Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation: Retired - Stock Yards

11. Industry or business _____

MOTHER FATHER { 12. Name No Record
 13. Birthplace No Record
 14. Maiden name No Record
 15. Birthplace No Record

16. (a) Informant: Mrs. Julia Glenn
 (b) Address: 8105 Wornall Rd.

17. (a) Burial (b) Date thereof: 5/5/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Floral Hills Cem.

18. (a) Signature of funeral director: Zwick & Tabin Co.
 (b) Address: Kc Mo.

19. (a) 5-26-41 (b) Mrs. Joe J. Brennan
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 2 day May
 year 1941 hour 10 minute 15
 21. I hereby certify that I attended the deceased from April 25, 1941

_____ 19____ to _____ 19____
 that I last saw ~~him~~ alive on April 27 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis and Myocardial Degeneration
 Due to _____

Due to _____
 Other conditions: 92H
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

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? _____

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

23. Signature: R C Pagan (M. D. or other) D
 Address: 4045 94th St. Date signed: 5-4-1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.....

Harold Perry

Licensed Embalmer No. *4097*

P. O. Address *20 W. 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, fact should be so stated above.