DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1083

FILED FEB 6 1942

Registration District No. 1099 Primary Registration District No. 1002 Registrar's No. 303

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

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: Research Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days, (Specify whether years, months or days)
In this community 20 years,

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri, (b) County Jackson, 3
(c) City or town Kansas City, 8
(If outside city or town limits, write "RURAL")
(d) Street No. 23 East 69th Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? x 0 years.

3. (a) PRINT FULL NAME Frank H. Bentley,
3. (b) If veteran, name war World War,
3. (c) Social Security No. 486-10-3849
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Helen Bentley,
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased July (Month) 12th (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
46	6	8	hr. min.

9. Birthplace Ohio, (City, town, or county) / (State or foreign country)
10. Usual occupation Sales Manager
11. Industry or business Aluminum Co.

FATHER
12. Name Unknown,
13. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edith Alice Bentley,
15. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Bentley,
(b) Address 23 East 69th St., K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 1-23-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 20th year 1942 hour 8:45 minute P. M.
21. I hereby certify that I attended the deceased from Jan 20, 1942 to Jan 20, 1942 that I last saw him alive on Jan 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death (Influenza) — Duration 15 Days
Due to
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 (M. D. or other)
Address Date signed 1/22/42

(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1942

FEB 5 1942

Dr. R. C. Davis,

Jno. Alby.

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 .....

Licensed Embalmer No. 14415

P. O. Address F. C. Mo.

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

If this body is not embalmed, fact should be so stated above.