

S. No. 2
4-9-41
7. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9484

State File No.

1309

REC'D APR 25 1942
379

Registration District No.

Primary Registration District No. 1002

Registrar's No.

48
30

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 46 Years
(Specify whether years, months or days)

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. 3827 Roberts
(If rural, give location)

(e) Citizen of foreign country? No
(Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Blanche Louise Benson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Arthur K. Benson

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June 13 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>9</u>	<u>18</u>hr.min.

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William Edwards

13. Birthplace No Record
(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 Arthur K. Benson

(b) Address 3827 Roberts

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof April 3 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah

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

(b) Address 918 Brooklyn Kansas City Mo.

19. (a) 4-3-42
(Date received local registrar)

(b) M. M. Crowe
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1942 hour 7 minute IOA. M.

21. I hereby certify that I attended the deceased from about
Mar 13 1942 to Mar 31 1942
that I last saw her alive on Mar 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery

Duration 49a

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy

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 no

23. Signature [Signature] (M. D. or other) no

Address [Address] Date signed 4/1/42

STATEMENT OF WORK

Handwritten: *Handls commenced by*

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*

Registered Apprentice No. _____

working under my personal supervision.

Signed *Renzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *P. O. no*

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.