V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13232

State File No.

FILED MAY 14 1942

Registration District No. Primary Registration District No. 1002

Registrar's No. 1827

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: 10 days (Specify whether years, months or days)

In this community: Non-Resident 10 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 57

(c) City or town: Knobnoster 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: GEORGE LOGAN BENSON

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: Wh

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

6. (b) Name of husband or wife: Addie Benson

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: Sept. (Month) 15 (Day) 1867 (Year)

8. AGE: Years 75 Months 7 Days 24. If less than one day hr. min.

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

10. Usual occupation: Retired Bridge Foreman

11. Industry or business: Northwestern R. R.

MOTHER FATHER

12. Name: Caleb Benson

13. Birthplace: No Record (City, town, or county) (State or foreign country)

14. Maiden name: No Record

15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: Dr. Joseph L. Benson

(b) Address: Independence, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Knobnoster, Mo.

18. (a) Signature of funeral director: J. M. Wagner

(b) Address: Kansas City, Mo.

19. (a) 5/9/42 (Date received by local registrar) (b) M. W. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1942 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from April 29, 1942, to May 9, 1942, that I last saw him alive on May 9, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Exhaustion (Chronic) with acute Pulmonary edema

Due to:

Due to: 137a

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: Trans-Urethral Prostatic Resection May 4-1942 Benign Prostate

Of autopsy: Hypertrophy None

Duration

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: 0

23. Signature: [illegible] (M. D.)

Address: 1019 Pro Bldg. Date signed: May 9-1942

(Licensed Embalmer's Statement on Reverse Side)

Vaut 449

JUN 15 1952

AUG 18 1952

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.