

FILED MAY 29 1942
379

Registration District No.

Primary Registration District No. **1002**

Registrar's No. **1955**

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:
3620 Front Street **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **58** years, months or days (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. **3620 Front Street**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mrs. Clara Baum Benz**
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 **Widowed**
6. (b) Name of husband or wife **Philip Benz** 6. (c) Age of husband or wife if alive **26** years
7. Birth date of deceased **Dec 21 1883**
(Month) (Day) (Year)

8. AGE: Years **58** Months **4** Days **26** If less than one day hr. min.

9. Birthplace **St. Louis, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER
12. Name **John Baum**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Minerella Ackerman**
15. Birthplace **Ohio** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. G. Holzner**
(b) Address **3620 Front St.**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **May 19, 1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **W. H. Newcomer's Son**
(b) Address **1401 Brush Creek Blvd.**

19. (a) 5-19-42 (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17th**
year **1942** hour **12** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **Oct. 8**, 19**41** to **May 16**, 19**42**

that I last saw him/her alive on **May 16**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **DROPPY**

Due to **Myocarditis with myocardial degeneration**

Due to **Chronic Nephritis**

Other conditions **1313**
(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?

(Specify type of glass) While at work?..... Means of injury.....

23. Signature **W. H. Newcomer's Son** (D. & other)
Address..... Date signed.....

1102 Glad Avenue, 402 Dayton
10-2, 3:30.7

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.....

Harvey Quisenberry

Licensed Embalmer No.....

4070

P. O. Address.....

H. 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.