

No. 2
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5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23291
2881
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hours (Specify whether
In this community 1 Year
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. 3009 Bales Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Judith Lee Bennett

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 18 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 8 12 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Lyle C. Bennett
13. Birthplace Aberdeen South Dakota
(City, town, or county) (State or foreign country)
14. Maiden name Juanita Atkinson
15. Birthplace Mountain Grove Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant L.C. Bennett

(b) Address 3009 Bales

17. (a) Burial (b) Date thereof August 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director D.V. Newcomer's home

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-31-42 (b) M. M. Brown
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
year 1942 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the skull
Fell from second floor
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy See above

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) Accident 123
(b) Date of occurrence 7/30/42
(c) Where did injury occur? 3009 Bales Ave
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

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

23. Signature [Signature] (Date or other) _____
Address _____ Date signed _____

10/19/9

*Black ...
...*

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 *H. O. Newcomer Jr.*
Licensed Embalmer No. *2043*
P. O. Address *R. O. 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.