

FILED SEP 3 1942

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3085

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 one day and 12 hrs
(Specify whether
 In this community 16 days
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. 2400 East 69th St Terrace
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3: (a) PRINT FULL NAME Mrs Nellie Ann Benson

3: (b) If veteran, name war No 3: (c) Social Security No. 511-07-03238

4. Sex Female 5. Color or race White 6: (a) Single, widowed, married, divorced Married
 6: (b) Name of husband or wife Bruce Benson 6: (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased December 22, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 23 ..hr. ..min.

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

10. Usual occupation House Wife

MOTHER FATHER

11. Industry or business
 { 12. Name Alexander Robert Wilson
 { 13. Birthplace Ill
(City, town, or county) (State or foreign country)
 { 14. Maiden name Laura Virginia Wilson
 { 15. Birthplace Pike County, Ill
(City, town, or county) (State or foreign country)

16: (a) Informant Bruce Benson
 (b) Address 2400 East 69th St. Terrace
Removal (b) Date thereof 8-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Columbus Kansas

18: (a) Signature of funeral director John W. Wagner
 (b) Address Kansas City, Mo
 19: (a) 9/16/42 (b) m m Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
 year 42 hour 10 minute 307.9 M.

21. I hereby certify that I attended the deceased from Aug-14, 1942 to Aug-15-42 19...
 that I last saw h. or alive on Aug-15-42 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL THROMBOSIS Duration 2 Days

Due to ARTERIO SCLEROSIS 13/4 YRS.

Due to
 Other conditions CHRONIC CARDIO-RENAL DYSF - YRS
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations
 Of autopsy CEREBRAL THROMBOSIS
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) (c) Means of injury m d
 23. Signature A. C. Luitjahn (M. D. or other) m d
 Address 6944 Prospect AK Date signed 16/42

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

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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.