

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City Mo
(c) Name of hospital or institution: at home 48 Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community _____ years, months or days unk

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Jackson City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1816 Olive
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Leo Bentley

(b) If veteran, name war Spanish American Social Security No. none

4. Sex man 2. race white 5. Color or 6. (a) Single, widowed, married, divorced, widowed widowed

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

7. Birth date of deceased Jan 1 1898
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation labor, common

11. Industry or business none

12. Name Joseph Bentley

13. Birthplace unknown (City, town, or county) (State or foreign country) 9

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Marie Jalls

(b) Address 9215 Charlotte St.

17. (a) Severnath Fan (b) Date thereof 12-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Severnath Fan

18. (a) Signature of funeral director Dr. J. M. Crowe

(b) Address 2208 Pine St.

19. (a) 12-11-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6 year 1942 hour 3:00 minute a M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
Deputy Coroner
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Broncho Pneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy no inspection - history

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?

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

23. Signature F. P. Richardson (M. D. or other) _____

Address 1832 Vine Date signed 12-8-42

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

MOTHER FATHER

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.....

Licensed Embalmer No. *2540*

P. O. Address *2205 Vinland*

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.