

FILED MAR 15 1943
Registration District No. 1002

Primary Registration District No. 1002

State File No. _____

Registrar's No. 1062

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution Home 11822 Kansas Ave
(d) Length of stay: In hospital or institution 20 years
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Jackson
(d) Street No. 1822 Kansas Ave
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10 year 1943 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from 2-1 1943 to 3-2 1943
that I last saw h. alive on 3-1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis several years
Duration 9 1/2 yr

Due to _____
Due to _____
Other conditions _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

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? _____
(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 E. P. [unclear] (M.D. or other) DD
Address 320 1/2 E 8 1/2 St Date signed 3-2-43

3. (a) PRINT FULL NAME MALISSA BENEFIELD

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband Walker Benefield 6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased Jan 9 1863

8. AGE: Years 80 Months 1 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Warrensburg Mo.

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Mr. Love
13. Birthplace N.C.
14. Maiden name Elizabeth M. [unclear]
15. Birthplace N.C.

16. (a) Informant Mrs. Lee B. [unclear]

(b) Address Liberty, Mo
17. (a) Burial (b) Date thereof May 5 1943

(c) Place: burial or cremation Funerary: Liberty, Mo
18. (a) Signature of funeral director Frank Anderson

(b) Address Liberty, Mo

19. (a) 3-2-43 (b) M. M. [unclear]

361

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

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 Edgar Archer
Licensed Embalmer No. 3311
P. O. Address Liberty, 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.