. S. No. 2
00M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17119

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2292

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: 6022 Harrison (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 47
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 6022 Harrison (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Benjamin Rodenberger
3. (b) If veteran, name war: x
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: x
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) 29 (Day) 1866 (Year)
8. AGE: Years 76 Months 6 Days ~~20~~ 9 If less than one day hr. min.
9. Birthplace: Near Parsons, Kansas. (City, town, or county) (State or foreign country)
10. Usual occupation: pensioner
11. Industry or business: x

MOTHER FATHER
12. Name: no record
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Beulah Hockaday
(b) Address: 6022 Harrison, K. C. Mo.
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof: May 19, 1943 (Month) (Day) (Year)
(c) ~~Place burial~~ or cremation: Elmwood
18. (a) Signature of funeral director: Bentley Mortuary
(b) Address: 5811 Troost
19. (a) 5/18/43 (Date received by registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1943 hour one minute 28 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration
Due to: 93 B — Duration
Due to: — Duration
Other conditions (Include pregnancy within 3 months of death): — Duration
Major findings: Of Operations: — Duration
Of autopsy: Inspection & history — Duration

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? (Specify type of place)
While at work (e) Means of injury
23. Signature: [illegible] (M. D. or coroner) 5/18/43
Address: Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.