

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30508

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

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: 2918 Tracy Avenue
Catherine Hale Home For Blind Women 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Years
 (Specify whether
 In this community 5 Years
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Gertrude W. Benedict3. (b) If veteran,
name war No3. (c) Social Security
No. None4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
2 divorced Widowed6. (b) Name of husband or wife Mr.
Alvah L. Benedict6. (c) Age of husband or wife if
alive ---- years7. Birth date of deceased July
(Month)15
(Day)1855
(Year)

8. AGE:

Years

Months

Days

If less than one day

88123

hr.

min.

9. Birthplace Lockhaven

(City, town, or county)

Pennsylvania

(State or foreign country)

10. Usual occupation At Home11. Industry or business ----12. Name Jacob Stahlsmith13. Birthplace County Westphalia

(City, town, or county)

Prussia 6

(State or foreign country)

14. Maiden name Rebecca Spring15. Birthplace Wales 4

(City, town, or county)

(State or foreign country)

16. (a) Informant Mrs. Marguerite B. Whitney(b) Address East Walpole, Massachusetts17. (a) Cremation(b) Date thereof Sept. 9, 1943

(Burial, cremation, or removal)

(c) Place of burial or cremation D. W. Newcomer's Sons18. (a) Signature of funeral director D. W. Newcomer Sons(b) Address 1401 Brush Creek Blvd.19. (a) 9-9-43(b) P. E. Brown

(Date received local registrar)

(Registrar's signature)

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. 2918 Tracy Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 8th
year 1943 hour 9 minute 45 A. M.21. I hereby certify that I attended the deceased from
Aug 12, 1943, to Sept 8, 1943
that I last saw her alive on Sept 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar Pneumonia 2 daysDue to Scrubty & InfectionDue to 108

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 A. W. Davis M.D. (M. D. or other)Address 402 Washman Bldg Date signed 9-8-43

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

403
3-5
Walkman 1989

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..... *K.C. Newcomer Jr*

Licensed Embalmer No..... *4043*

P. O. Address..... *K.C. 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.