

FILED SEP 21 1943 149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's 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:  
3332 Gillham Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community 40 years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Benjamin Franklin Kizer

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Harriet G. Kizer 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased May 25 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 3 8 hr. min.

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

10. Usual occupation Retired School Teacher

11. Industry or business X

MOTHER FATHER  
12. Name Eli Kizer  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Maria Hartman  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harriet G. Kizer  
(b) Address 3332 Gillham Road, K. C., Mo.  
17. (a) Entombment (b) Date thereof 8-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Moriah Temple

18. (a) Signature of funeral director Stins & McClure  
(b) Address 3235 Gillham Plaza, Kansas City, Mo.  
19. (a) 9-4-43 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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. 3332 Gillham Road  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3rd  
year 1943 hour 3:40 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1 - 1942 to Sept 3 - 1943  
that I last saw him alive on Sept 3 - 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration 3 1/2

Due to Chronic Myocardial Degeneration 1 yr

Due to Senility - & Cardiac Renal & Eye Degeneration

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations none PHYSICIAN

Of autopsy not done  
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 T. E. Brown (M. D. or other)  
Address 624 Professional Date signed 9/4/43

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

Dr. Lamar  
Prof. Blady  
W 4426

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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 E. M. Plank.....

Licensed Embalmer No. 1848.....

P. O. Address W. 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.**