

FILED FEB 28 1949

State File No.

37

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hrs
In this community 40 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ernest S. Bennett

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Georgia S. Bennett 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased 12-4-1869 (Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 30 If less than one day hr. min.

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

10. Usual occupation Lawyer

11. Industry or business

MOTHER FATHER { 12. Name Geo W. Bennett
13. Birthplace Muskogum Co. 9 (City, town, or county) (State or foreign country)
14. Maiden name Sarah E. Elliott
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Ernestine Bennett

(b) Address Lee's Summit Mo

17. (a) Burial (b) Date thereof 1-5-49 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit Mo

18. (a) Signature of funeral director N. B. Langford

(b) Address Lee's Summit Mo

19. (a) Jan 5, 1949 (b) J. E. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 488
(c) City or town Lee's Summit
(If outside city or town limits, write "RURAL")
(d) Street No. 311 Jefferson St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3 year 1949 hour 1 minute 30 a. m.

21. I hereby certify that I attended the deceased from Jan 2 1949 to Jan 3 1949 and that I last saw him alive on Jan 2 1949 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis
Due to 93h

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 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?

23. Signature John J. Super M.D. (Specify type of place) (c) Means of injury
Address Lee's Summit, Mo (M. D. or other)
Date signed 1-4-49

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 *H. C. Langford*

Licensed Embalmer No. *3835*

P. O. Address *Leis Summit*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.