

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED MAR 9 1944

Registration District No. **149** Primary Registration District No. **1002**

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: **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 days**
Specify whether

In this community **20 years**
(Month, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** County **Jackson**

(c) City or town **Independence**
(If outside city or town limits, write "RURAL")

(d) Street No. **11106 East 23rd**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MARY D. BENZEL**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **27** year **1944** hour **2** minute **0** M.

21. I hereby certify that I attended the deceased from **Feb. 10** 19**44**, to **Feb 27** 19**44**, that I last saw her alive on **Feb 27** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. Name of husband or wife **John F. Benzel** (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Oct. 14 - 1884**
(Month) (Day) (Year)

Immediate cause of death **Coronary occlusion.**

Due to **Coronary artery inadequacy.**

Due to **Age + chronic nephritis.**

Other conditions **nephritis.**
(Include pregnancy within 3 months of death)

8. AGE: Years **59** Months **4** Days **13** If less than one day hr. min.

9. Birthplace **James Town New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Geo. Babcock**

13. Birthplace **Chattanooga New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Dora Kessler**

15. Birthplace **New York New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. Paul Benzel**

(b) Address **St. Kelly Park**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Mar. 1 - 1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **George C. Carson**

(b) Address **Independence, Missouri**

19. (a) **2-29-44** (Date received local registrar) (b) **J. E. Brown** (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy **as above**

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)

(b) Means of injury **0**

23. Signature **B. J. Century** (M. D. or other)

Address **915 Olive Bldg** Date signed **Feb 29 44**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

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

George P. Carson
Licensed Embalmer No. *2249*

P. O. Address *Independence 2*

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.