

FILED MAY 5 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1847

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:  
2100 Summit Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.

In this community 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Benton L. Ogilvie

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Ogilvie

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased January 24 1889  
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 2 If less than one day hr. mfn.

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

10. Usual occupation Operator

11. Industry or business Drug Store

MOTHER FATHER {

12. Name unknown

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

14. Maiden name 9

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

16. (a) Informant Mrs. Minnie Ogilvie

(b) Address 3038 Grand, Kansas City, Mo.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 4-27-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-27-44 (b) D. 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. 3038 Grand Avenue  
(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 April day 26th  
year 1944 hour 12:45 minute P M.

21. I hereby certify that I attended the deceased from Deputy Coroner to 19  
that I last saw h. Deputy Coroner on 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Skull Fracture

Due to Injury by Fall

Other conditions (Include pregnancy within 3 months of death) 5

Major findings: Of operations 186

Of autopsy See Above

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) Accident 123

(b) Date of occurrence April 26, 1944

(c) Where did injury occur? Kansas City Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) (c) Means of injury By Fall

23. Signature D. E. Brown (M. D. or other)  
Address 2211 Col Date signed 4/26/44

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

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 Diaper L. Kessler  
Licensed Embalmer No. 4225  
P. O. Address Kansas City 3 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.