

FILED JUL 20 1944
Registration District No. 746

Primary Registration District No. 3026

Registrar's No. 173

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
1497 North Osage (Conlebeant)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months
(Specify whether In this community 30 years, usual residence years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town K. C. Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5809 Charlotte
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Benjamin F. See

3. (b) If veteran, name war 2

3. (c) Social Security No. 2

4. Sex male 5. Color or race white

6. (a) Single, widowed, married 2 divorced, widowed

6. (b) Name of husband or wife Clara Vitt See 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 13 - 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 10 3 hr. min.

9. Birthplace Council Grove, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Printer, job printing

12. Name George See

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

14. Maiden name Mary Neale

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

16. (a) Informant Willis See

(b) Address 5809 Charlotte K. C. Mo.

17. (a) Burial (b) Date thereof June 19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody M. Kelley

(b) Address Linwood & Euclid

19. (a) 6-17-1944 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1944 hour 5 minute 05 P. M.

21. I hereby certify that I attended the deceased from June 15 1944 to June 16 1944
that I last saw him alive on June 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Left lobar pneumonia

Due to _____

Due to 108

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature J. W. Green (M. D. or other)

Address Independence Date signed 6/16/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

844

1163

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 Russell J. Frame

Licensed Embalmer No. 4255

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.