

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
2214 Montgall  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether  
years, months or days) 3 yrs.

3. (a) PRINT FULL NAME Jessie Bennett

3. (b) If veteran, name war -

3. (c) Social Security No. no

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Mollinda Bennett

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

7. Birth date of deceased Feb. 4 1868  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>6</u>	<u>24</u>	hr. min.

9. Birthplace Greenville S. Car.  
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

12. Name Peter Bennett

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

14. Maiden name Unknown

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

16. (a) Informant Bookey T. Bennett

(b) Address 2123 Prospect

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

(c) Place: burial or cremation Moxley, Mo.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th St. K.C. Mo.

19. (a) 9-1-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 2214 Montgall  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 -  
year 1944 hour 18 minute 15 - A. M.

21. I hereby certify that I attended the deceased from Aug. 27 -  
1944 to Aug. 28 - 1944  
that I last saw him alive on Aug. 27 - 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency

Due to Chronic Nephritis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 13 1/2

Major findings:  
Of operations 13 1/2

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? \_\_\_\_\_

(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature H. Williams (M. D. or other) 0  
Address 2636 Moxley Date signed 9/29/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *A. T. Moore* .....

Licensed Embalmer No. *948* .....

P. O. Address.....

**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.**