

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

FILED DEC 9 1944

Registration District No. 9 1944

Primary Registration District No. 1602

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:  
4621 WORNALL ROAD  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days) 45 YEARS

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

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. 4621 WORNALL ROAD  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. ADDALINE T. BENTLEY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. EUGENE BENTLEY

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

7. Birth date of deceased APRIL 30 - 1853  
(Month) (Day) (Year)

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

91 | 6 | 26 | \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name S HULTZ

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

14. Maiden name RHODA FERRY

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

16. (a) Informant Mrs Ethel Bentley

(b) Address 4621 Wornall Rd

17. (a) BURIAL (b) Date thereof Nov 28 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director D. H. Newcomer, son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-28-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 26<sup>TH</sup>  
year 1944 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from  
Nov 13 1944 to Nov 26 1944  
that I last saw him alive on Nov 25 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Tuberc. Mellura  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 61

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Frank J. Guly (M. D. or other) MD  
Address 315 W. 12th St. Date signed 11-27-44

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

315 Blomdale Road  
2140 Pkwy Medical Bldg  
11-1

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. Newcomer Jr* .....

Licensed Embalmer No. *4043* .....

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.**