

FILED APR 5 1945
Registration District No. 749

Primary Registration District No. 1002

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

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:
Gen. Hosp. #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-14-44-3-15-45
(Specify whether years, months or days)

In this community About 34 years

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. 1125 Highland
(If rural, give location)

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

3. (a) PRINT FULL NAME BEN VERNER (BENJAMIN)

3. (b) If veteran, name war World War 1

3. (c) Social Security None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1945 hour 5:30 minute A M.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January - 7 - 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 14, 1944, to March 15, 1945
that I last saw h. im alive on March 15, 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>2</u>	<u>8</u>	hr. _____ min. _____

Immediate cause of death Advanced Pulmonary Tuberculosis

Due to _____

Due to _____

9. Birthplace Meridian Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

Other conditions (Include pregnancy within 3 months of death) 13 8 1

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Unknown

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)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-21-1945
(Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth, Kansas

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? _____

18. (a) Signature of funeral director E. Sterling Bello
(b) Address 1212 Vine Hill Mo.

19. (a) 3-21-45 (Data received local registrar) (b) T. E. Brown (WJ) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Gen. Hosp. #2-67622 Date signed 3-20-45

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.....

E. Sterling Bills

Licensed Embalmer No.....

3178

P. O. Address.....

1212 Vine 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.