

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3480

Registration District No. 149 Primary Registration District No. 1002

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:
4315 Warwick Boulevard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 20 years, 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. 4315 Warwick
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Charles Allen Bennett
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 20
year 1945 hour 4:30 minute A. M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Hallie Rubey Bennett 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased June 19 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/14/45 to 8-20, 1945
that I last saw him alive on 8-19, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 2 1 hr. min.

Duration
Coronary Occlusion 1 day
Cardiac Decompensation Several
Terminal Pneumonia 24 hrs
Due to Bronchial

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired,

Other conditions (Include pregnancy within 3 months of death)
Major findings: none 95C
Of operations none
Of autopsy none

11. Industry or business X
12. Name Edward Bennett
13. Birthplace Missouri
14. Maiden name Mary Eberman,
15. Birthplace unknown,

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Mrs. Hallie Rubey Bennett,
(b) Address 4315 Warwick Blvd., K. C., Mo.
17. (a) Removal (b) Date thereof 8-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Macon, Missouri

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 home (Specify type of place) (e) Means of injury D

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 8-20-45 (b) Ch. H. Adkins
(Date received local registrar) (Registrar's signature)

23. Signature Edward Bennett (M. D. or other)
Address 1278 Prof. Bedy K. C. Mo. Date signed 8/20/45

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

Dr. Eugene Blac,

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.....



Licensed Embalmer No. 1413

P. O. Address 14 e m

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.