

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

FILED DEC 16 1945

Registration District No. 49 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:
3047 College
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Ten years years, months or days)

3. (a) PRINT FULL NAME CATHERINE BENTON

3. (b) If veteran, name war No

3. (c) Social Security No. No

5. Color or race White

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

6. (b) Name of husband or wife Frank Benton Deceased

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

7. Birth date of deceased April 4 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>7</u>	<u>15</u>	____ hr. ____ / min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER {

12. Name Richard Campbell

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 Mrs. William Monahan

(b) Address 3047 College

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 20 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Eldon, Missouri

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address Linwood & Olive K. C. Mo

19. (a) 11-20-45 (Date received local registrar) (b) Sheldene Holm (Registrar's signature)

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. 3047 College
(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 Nov. day 19
year 1945 hour 8 minute 00A M.

21. I hereby certify that I attended the deceased from June 1942 to Nov 8 1945
and that death occurred on the date and hour stated above.

that I last saw her alive on Aug 21 1945

Immediate cause of death Similarity

Due to Arterio-sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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)

(c) Means of injury _____

23. Signature Robert Janssen (M. D. or other) M.D.

Address 2220 E. 31st St. Date signed Nov 19 1945

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

18
3
8

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 Chas E. Wilks
Licensed Embalmer No. 2644
P. O. Address Kansas City 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.