S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

836

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1185

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 516

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: 3340 Paseo Blvd 1 (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) In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 40

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 5

(d) Street No. 3340 Paseo (If rural, give location) 8

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Leonard Benanti

3. (b) If veteran, name war Mo

3. (c) Social Security No. none

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Oct 24 1875 (Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Frank Benanti
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Anna Maria
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Sam Benanti

(b) Address 3340 Piano

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cem

18. (a) Signature of funeral director Pamatina Bros

(b) Address 1 L C Mo

19. (a) 2-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1946 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 10 1945 to Jan 31 1946 that I last saw him alive on July 10 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arrival of [illegible]	unknown
Due to Thrombo angiitis obliterans	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 99.2	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Allen J. Stafford (M. D. or other)

Address Prof. Bldg K.C. Mo Date signed 2-1-46

(Licensed Embalmer's Statement on Reverse Side)

Tom Stafford
Prof Bldg.

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 T. S. Walton

Licensed Embalmer No. 2744

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.