

FILED DEC 31 1946

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 5342

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:
2722 Gillham /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none (Specify whether
 In this community 41 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Charles R. BENEDICT3. (b) If veteran, name war no 3. (c) Social Security No. 487-03-60174. Sex male 5. Color or race white 6. (a) Single, widowed, married married
divorced6. (b) Name of husband or wife Mrs. Pauline Benedict 6. (c) Age of husband or wife if alive 39 years7. Birth date of deceased June 1 1902
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
44 6 18 hr. min.9. Birthplace Lexington, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Employee11. Industry or business Jensen-Salsberg Lab.12. Name Wm. Benedict13. Birthplace Lexington, Missouri
(City, town, or county) (State or foreign country)14. Maiden name Mary Murphy15. Birthplace Lexington, Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Pauline Benedict(b) Address 2722 Gillham Rd., K.C., Mo.17. (a) Burial (b) Date thereof 12-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Melody-McGilley-Eylar(b) Address Kansas City, Missouri19. (a) 12-21-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2722 Gillham X
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1946 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on _____ date and year state above.Immediate cause of death Reputy Coroner. Duration _____Acute Carbon MonoxideDue to Intoxication -Due to Running Gas CarOther conditions Motor
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide specify Pending(b) Date of occurrence 12/19/46(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? No (Specify type of place) Means of injury Carbon Monoxide23. Signature A.E. Usher (M. D. or other) M.D.Address 2800 Main Date 12/20/46

FEB 19 1947

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 Oliver E. Heck

Licensed Embalmer No. 4063

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.

2B
45
43880

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5342

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: 3722 Gillham
(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 _____

3. (a) PRINT FULL NAME: Charles R. Benedict

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: _____

5. Color or race: _____

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: _____
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-21-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 19 Year 1946 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: acute carbon monoxide

Due to: intoxication

Due to: running car motor

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

Major findings: 1952
Of operations _____

Of autopsy: see above

Duration

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) unknown

(b) Date of occurrence 12-19-46

(c) Where did injury occur? H. C. Jackson, Mo.
(City, town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? no (Specify type of place) Carbon
(e) Means of injury _____

23. Signature: A. E. Upsher (M. D. or other) monofield
Address: 2800 main Date signed: 12-30-46

SUPPLEMENTARY

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

39-71

40458