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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1947
Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40939
Registrar's No. 420

Primary Registration District No. 3026

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Independence
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Independence Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days
 In this community 35 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Henry Benson
 3. (b) If veteran, name war No
 3. (c) Social Security No. 497-36-4581

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ellen S. Benson
 6. (c) Age of husband or wife if alive 81 years
 7. Birth date of deceased May 9th 1878
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>74</u> | <u>7</u> | <u>7</u> | hr. min. |

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

10. Usual occupation Machinist

11. Industry or business Blick Mfg. Co.

12. Name John A. Benson

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

14. Maiden name Marie Gorton

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

16. (a) Informant Mrs. Juan Benson

(b) Address Belle City Mo.

17. (a) Burial (b) Date thereof 12-19-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Open mass

18. (a) Signature of funeral director John S. Kelly
 (b) Address Independence, Missouri

19. (a) 12-27-46 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City Rural Route 6
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1727 Bryan
 (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 16
 year 1946 hour 9 minute 10 P M.

21. I hereby certify that I attended the deceased from Nov 1
1946 to Dec 16 1946
 that I last saw him alive on 12/16 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Capillary of the liver - type indetermined
 Duration 6 months

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy 46P

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)
 (e) Means of injury _____
 23. Signature [Signature] (M. D. or other)
 Address Indep. Mo. Date signed 12-17-46

354 (Licensed Embalmer's Statement on Reverse Side)

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..... *Deion L. Kelsey*
Licensed Embalmer No..... *4225*
P. O. Address..... *Independence, 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.