

No. 2  
12-45  
17-39  
X47070

**FILED JUN 9 1947**  
Registration District No. **149**

Primary Registration District No. **1002**

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

**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: 3538 3638 Cherry  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
In this community 60 years  
years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3538 3638 Cherry 8  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

**3. (a) PRINT FULL NAME** Miss Fanny E. Benjamin  
**3. (b) If veteran,** name war no. **3. (c) Social Security** No. no.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month May day 28  
year 1947 hour 2:00 minute P. M.

**4. Sex** female **5. Color or race** white  
**6. (a) Single, widowed, married, divorced** single  
**6. (b) Name of husband or wife** X **6. (c) Age of husband or wife if** X years  
**7. Birth date of deceased** September 15 1861  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** August 1946 to May 28 1947  
that I last saw h. u. alive on May 27 1947  
and that death occurred on the date and hour stated above.

**8. AGE:** Years Months Days If less than one day  
85 8 13 hr. min.

Immediate cause of death Atherosclerotic Heart Disease Duration 10 years

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

Due to Generalized Atherosclerosis 15 years

**10. Usual occupation** at home

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 93rd

**11. Industry or business** X  
**12. Name** Leon Benjamin  
**13. Birthplace** England U  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Sarah Joseph  
**15. Birthplace** Canada 2  
(City, town, or county) (State or foreign country)

Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** Alfred L. Benjamin

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

**17. (a) burial** (b) Date thereof 5-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? X

(c) Place: burial or cremation Elmwood Cemetery

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

**18. (a) Signature of funeral director** Stine & McClure  
**(b) Address** 3235 Gillham Plaza, K. C., Mo.

**23. Signature** Jack W. Way (M. D. or other) M.D.  
**Address** 206 Ayres Bldg. **Date signed** Aug 28, 47

**19. (a) 5-29-47** **(b) Shradine Holmes**  
(Date received local registrar) (Registrar's signature)

Dr. Jack Wolf

copy to Body

**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..... Robert H Reed.....

Licensed Embalmer No. 3745.....

P. O. Address..... KC. 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.**