S. No. 2
X—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38007

Registration District No. FILED DEC 9 1947

Primary Registration District No. 1002

Registrar's No. 4958

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: Research Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 months (Specify whether years, months or days)
In this community: 50 years

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") 3
(d) Street No. 117 N White (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: MARGARET MARIE BENELL
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: fe
5. Color or race: white
6. (a) Single, widowed, married, divorced: wid 2
6. (b) Name of husband or wife: Harry
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July 9 (Month) 1880 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	4	17	hr. min.

9. Birthplace: St Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business: at home
FATHER
12. Name: Reinhart Maul
13. Birthplace: Germany (City, town, or country) (State or foreign country) 4
MOTHER
14. Maiden name: Anna Zetzer
15. Birthplace: Germany (City, town, or country) (State or foreign country) 4
16. (a) Informant: George Maul
(b) Address: 303 N Chelsea
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-28-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Eudora Kansas
18. (a) Signature of funeral director: C. H. Blackman & Son, Inc
(b) Address: 2825 Independence Blvd.
19. (a) 11-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 26 year: 1947 hour: 7 minute: 35 A M.
21. I hereby certify that I attended the deceased from 7-9, 1947, to Nov. 26, 1947 that I last saw her alive on Nov. 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma sigmoid	
Due to	
Due to 410	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Large Carcinoma sigmoid, Colectomy 7-10-47
Of autopsy: none

PHYSICIAN — Underline the cause of 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: 0
23. Signature: C J Hunt (M. D. or other)
Address: 4 W C Pres Date signed 11-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Claude Hunt

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 H D Blackman

Licensed Embalmer No. 3639

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.