

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4720  
Registrar's No. 622

FILED FEB 20 1948  
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:  
3109 PEERY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 YEARS - years, months or days

**3: (a) PRINT FULL NAME** GEORGE S. BENOIT  
3. (b) If veteran, name war NONE 3. (c) Social Security No. unknown

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife MARGARET E. BENOIT 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased DECEMBER 11 1870  
(Month) (Day) (Year)

**8. AGE:** Years 77 Months 1 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace CHICAGO ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business DRY GOODS -

12. Name PETER BENOIT

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

14. Maiden name MARY MALO

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

16. (a) Informant Mrs. Margaret Benoit

(b) Address 3109 Peery

17. (a) Burial (b) Date thereof 2-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Mrs. C. R. Foster

(b) Address 918 Brooklyn

19. (a) 2-12-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3109 Peery  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Feb day 10  
year 1948 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from Feb 10th 1948 to Feb 10 1948  
that I last saw him alive on Feb 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Due to  \_\_\_\_\_  
Due to  \_\_\_\_\_

Other conditions   
(Include pregnancy within 3 months of death)  
Major findings:  101  
Of operations   
Of autopsy

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 M. F. Sewell (M. D. or other) MD  
Address 1722 W 39 Date signed 2-10-48

1722M39M - Va. 5883

No. Sewell  
-3922 y Bell -

**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 Jerry A. Minor

Licensed Embalmer No. 4496

P. O. Address 918 Brooklyn, 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.**