S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 9 1948

Registration District No. 1426

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 5182

Registrar's No. 65

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (If outside city of town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence, 11106 E. 23rd St. (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: 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence (If outside city or town limits, write "RURAL")
(d) Street No.: 11106 E. 23rd (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: MR. JOHN F. BENZEL. Jr.
3. (b) If veteran, name war: none
3. (c) Social Security No.: 490-09-0112
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Mary Benzel
6. (c) Age of husband or wife if alive ____ years: deceased
7. Birth date of deceased: Feb. 1, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	0	18	____ hr. ____ min.

9. Birthplace: Louiston, Minn. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____
FATHER
12. Name: John F. Benzel
13. Birthplace: unknown, Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: unknown, Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Maude Newman
(b) Address: 11106 E. 23rd, Independence, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills Cem.
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence, Mo.
19. (a) 2-20-48 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1948 hour 4:45 minute A M.
21. I hereby certify that I attended the deceased from 2/19, 1948, to only, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral hemorrhage	yr
Due to: Coronary sclerosis	yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: — Of autopsy:	

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

23. Signature: Vance E. Lamb, M.D. (M. D. or other)
Address: Independence, Mo. Date signed: 2/19/48

Jefferson City Printing Co.

(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 Tom D. Markland, Registered Apprentice No. 40, working under my personal supervision.

Signed R. S. Lisle

Licensed Embalmer No. 4123

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.