

FILED JUL 3 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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: TRINITY LUTHERAN HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 DAYS  
(Specify whether  
in this community 20 YEARS  
years, months or days)

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. 32 EAST 32ND STREET TERRACE 8  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. WILLIAM D. BENGE

3. (b) If veteran, name war NO 3. (c) Social Security No. 426-16-1214

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. S. 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased MARCH 10 1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace UNKNOWN IOWA  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED 18 YEARS MEAT CUTTER

11. Industry or business WINWOOD GROCERY CO.

MOTHER FATHER  
12. Name ERRON BENGE A  
13. Birthplace UNKNOWN UNKNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Benge

(b) Address 32 East 32nd Terrace

17. (a) BURIAL (b) Date thereof JUNE 23 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETARY

18. (a) Signature of funeral director Wm. J. Thompson, Sec.

(b) Address 1401 Grand Blvd. Bldg. K.C. Mo.

19. (a) 6-22-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 20TH  
year 1948 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 8  
1948 to June 20 1948  
that I last saw him alive on June 7 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalomalacia 2 days  
Due to Cerebral embolus a

Due to Coronary infarction 12 days

Other conditions Diabetes mellitus 15 years.  
(Include pregnancy within 3 months of death)  
Amputation left leg above knee.

Major findings: Of operations \_\_\_\_\_  
Of autopsy as above - 6  
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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury D

23. Signature Danick Wilson (M. D. or other) MD  
Address 707 Rialto Bldg. Date signed 6-21-48

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

*Smith's Body*

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**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 Ray*

Licensed Embalmer No. *4182*

P. O. Address *Kansas City, 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.**