

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

26147

FILED SEP 4 1948

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3489

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months
39 years (Specify whether years, months or days)

In this community _____

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")

(d) Street No. 2715 Grove Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Nellie B. Bennett

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dr. Geo. L. Bennett

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 18th, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 9 2 _____ hr. _____ min.

9. Birthplace Frankfort Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Adelfert Mosher

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

14. Maiden name Rosanna Wager

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

16. (a) Informant Dr. Geo. L. Bennett

(b) Address 2715 Grove Street

17. (a) Burial (b) Date thereof 8-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankfort, Kansas
Freeman Mortuary

18. (a) Signature of funeral director _____

(b) Address Kansas City, Missouri

19. (a) 8-21-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th.
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
Pathologist
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pyelitis

Due to Carcinoma of bladder

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 526

Of operations _____

Of autopsy Same

PHYSICIAN _____
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 _____

23. Signature [Signature] (M. D. or other) _____

Address St. Luke's Hospital Date signed 21 August 1948

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.....

Emu C. Redlin

Licensed Embalmer No.....

3495

P. O. Address.....

H. C. 220

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.