No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40017

Registrar's No. 5031

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: 510 E 8th ST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: Do not know (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson 48

(c) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No.: 510 E 8th ST
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ____

3. (a) PRINT FULL NAME: Guy Taylor Bennett

3. (b) If veteran, name war: Do not know

3. (c) Social Security No.: Do not know

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Do not know

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

7. Birth date of deceased: 10-3-1875 (Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace: New York (City, town, or county) ____ (State or foreign country)

10. Usual occupation: Do not know

11. Industry or business: ____

FATHER
12. Name: Do
13. Birthplace: not (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name: know
15. Birthplace: (City, town, or county) ____ (State or foreign country)

16. (a) Informant: Coroner office
(b) Address: Kansas City

17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 12-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: KC College of Osteopathy & Surg.

18. (a) Signature of funeral director: Passant Tad Boas
(b) Address: 2117 Indep. Blvd

19. (a) 12-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 8 year 1948 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Common, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary sclerosis

Due to: arteriosclerosis

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: 93 d

Of autopsy: no

Hardening & Injection

Duration

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) ____

(e) Means of injury: ____

While at work? ____

23. Signature: James C. Walker (M. D. or other)

Address: 1424 Ny Ave Date signed: 12-10-48

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Francis S. Walton

Licensed Embalmer No. 2744

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.