

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

8262

State File No. \_\_\_\_\_

|                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                |  |                                                                                  |  |
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| BIRTH NO. _____                                                                                                                                                                                                                                                                 |  | REG. DIST. NO. <u>147</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | PRIMARY REG. DIST. NO. <u>1002</u>                                                                                                             |  | Registrar's No. <u>1005</u>                                                      |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u><br>b. COUNTY <u>JACKSON</u> |  |                                                                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>                                                |  |                                                                                  |  |
| c. LENGTH OF STAY (in this place) <u>3 yrs.</u>                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | d. STREET ADDRESS (If rural, give location) <u>1212 Paseo</u>                                                                                  |  |                                                                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                |  |                                                                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                                                                          |  | a. (First) <u>LULA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | b. (Middle) <u>BENSON</u>                                                                                                                      |  | c. (Last) <u>BENSON</u>                                                          |  |
| 4. DATE OF DEATH                                                                                                                                                                                                                                                                |  | (Month) <u>MARCH</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | (Day) <u>2</u>                                                                                                                                 |  | (Year) <u>1949</u>                                                               |  |
| 5. SEX <u>FEMALE</u>                                                                                                                                                                                                                                                            |  | 6. COLOR OR RACE <u>NEGRO</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>                                                                          |  | 8. DATE OF BIRTH <u>DECEMBER 25 1891</u>                                         |  |
| 9. AGE (In years last birthday) <u>57</u>                                                                                                                                                                                                                                       |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>                                                                                                                                                                                                                                                                                                                                                                     |  | 11. BIRTHPLACE (State or foreign country) <u>TYLER, TEXAS</u>                                                                                  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>                                     |  |
| 13a. FATHER'S NAME <u>ALEX BENSON</u>                                                                                                                                                                                                                                           |  | 13b. MOTHER'S MAIDEN NAME <u>EDDIE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u>                                                                                                     |  |                                                                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>                                                                                                                                                                                                     |  | 16. SOCIAL SECURITY NO. <u>No</u>                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 17. INFORMANT'S SIGNATURE OR NAME <u>ERNIE ARNOLD</u>                                                                                          |  | ADDRESS <u>1212 Paseo</u>                                                        |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                                 |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CIRRHOSIS OF THE LIVER</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>ARTERIO &amp; ARTERIOLAR NEPHROSCLEROSIS</u><br><br>DUE TO (c) <u>5810</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                                                |  | INTERVAL BETWEEN ONSET AND DEATH                                                 |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                          |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)                                                                                                                                                                                                                                        |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                                                                                                                                                                                                                                      |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                                                                                |  |                                                                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.                                                                                                                                                                                                                              |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                        |  | 21f. HOW DID INJURY OCCUR?                                                                                                                     |  |                                                                                  |  |
| 22. I hereby certify that I attended the deceased from <u>2/24</u> , 19 <u>49</u> , to <u>3/2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/2</u> , 19 <u>49</u> , and that death occurred at <u>8:25 A</u> m., from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                |  |                                                                                  |  |
| 23a. SIGNATURE OF Frank Ellis (Degree or title)                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 23b. ADDRESS <u>600 East 22nd Street</u>                                                                                                       |  | 23c. DATE SIGNED <u>3/2/49</u>                                                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                                         |  | 24b. DATE <u>3/4/49</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>                                                                                     |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>       |  |
| DATE REC'D BY LOCAL REG. <u>3-4-49</u>                                                                                                                                                                                                                                          |  | REGISTRAR'S SIGNATURE <u>Doraldine Holmes</u>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bess</u>                                                                                            |  | ADDRESS <u>1739 Lydia</u>                                                        |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Bruce Riley*

Signed.....

Student Embalmer

Licensed Embalmer No. *4500*

P. O. Address *2506 Benton Bl*

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.