S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1949

State File No. 16863

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5964 Registrar's No. 436

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville
c. LENGTH OF STAY (In this place): 16 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Marian b. (Middle) Walter c. (Last) Bennett

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 10. 1880

9. AGE (In years last birthday): 68 — If under 1 year: Months 6 / Days 25 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Jewelry store

11. BIRTHPLACE (State or foreign country): Platte City Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Nat Kuonn

13b. MOTHER'S MAIDEN NAME: Nat Kuonn

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 492-14-9755

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Arthur Gresham Parkville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
443X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Underwood M.D.

23b. ADDRESS: Parkville Mo

23c. DATE SIGNED: 5/9/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May. 9. 1949

24c. NAME OF CEMETERY OR CREMATORY: Platte City Mo

24d. LOCATION (City, town, or county) (State): Platte City Mo

DATE REC'D BY LOCAL REG.: 5-9-49

REGISTRAR'S SIGNATURE: Olivia Reeves

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Leland H. Francis Parkville Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 1 REC'D

RECEIVED

District Health Officer No. 8

District File Number .....

Date Filed 5-21-49

1949-15-35
1880-10-5
6-6-10
6-25-

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, ~~only~~ .....

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

working under my personal supervision.

Student .....
Student Embalmer

Signed Leland N. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.