

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37118
State File No. 3750

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City U		c. LENGTH OF STAY (in this place) About 35 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Provident Hosp.		d. STREET ADDRESS (If rural, give location) 2428 College			

3. NAME OF DECEASED (Type or Print) a. (First) Leola			b. (Middle) E.			c. (Last) Bennett			4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1949		
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 1, 1899		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pine Bluff, Ark. /			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Charles H. Bell			13b. MOTHER'S MAIDEN NAME Della Weather			14. NAME OF HUSBAND OR WIFE Colonel Bennett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Colonel Bennett - 2428 College		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral Hemorrhage							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE		DUPLICATE		DUPLICATE	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4457						20. AUTOPSY? YES <input 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) (Min.)		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 Nov. 17, 1949 to 19, 1949, that I last saw the deceased alive on 11-19, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE L. V. Miller		(Degree or title) MD		23b. ADDRESS 1211 Paces		23c. DATE SIGNED 11/21/49	
24a. BURIAL: CREMATION REMOVAL (Specify) Burial		24b. DATE 11/25/'49		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	

DATE REC'D BY LOCAL REG. 11-22-49		REGISTRAR'S SIGNATURE S. Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE E. Sterling Bills		ADDRESS 1212 Vine	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed

E. Sterling Bill

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas Ci

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.