

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1034

State File No. ....

404

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>JACKSON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>MISSOURI</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>KANSAS CITY</b>   |  | b. COUNTY<br><b>JACKSON</b>   |  |
| c. LENGTH OF STAY (in this place)<br><b>26 yrs</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>KANSAS CITY</b>                            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><b>GENERAL HOSPITAL #2</b> |  | d. STREET ADDRESS (If rural, give location)<br><b>1725 1/2 Bellevue</b>   |  |

|   |             |                             |   |
|---|-------------|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First)<br><b>DELLA</b> | b. (Middle) | c. (Last)<br><b>BENTLEY</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>JANUARY 18 1950</b> |
|---|-------------|-----------------------------|---|

|                           |                                  |  |   |   |
|---------------------------|----------------------------------|--|---|---|
| 5. SEX<br><b>FEMALE 3</b> | 6. COLOR OR RACE<br><b>NEGRO</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOW</b> | 8. DATE OF BIRTH<br><b>NOVEMBER 18 1892</b> | 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)<br><b>57</b> |
|---------------------------|----------------------------------|--|---|---|

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>AT HOME</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)<br><b>BOONEVILLE, MISSOURI</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b> |
|---|-----------------------------------|--|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><b>JAMES COOPER</b> | 13b. MOTHER'S MAIDEN NAME<br><b>SARAH GUNN</b> | 14. NAME OF HUSBAND OR WIFE<br><i>Markson</i> |
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|   |  |   |
|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>FRIEND: JOHN BROOKINS 1725 1/2 Bellevue</b> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UREMIA (CLINICAL)</b>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>ARTERIO NEPHROSCLEROSIS</b> |  |                                  |
|  | DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b>  |  |                                  |
| 11. OTHER SIGNIFICANT CONDITIONS: <b>MALNUTRITION &amp; DEHYDRATION ANEMIA (HYPERCHROMIC)</b><br>Conditions contributing to the death but not related to the disease or condition causing death.                               |   |  |                                  |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>440+</b> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|---|----------------------------|

22. I hereby certify that I attended the deceased from 1-16, 1950, to 1-18, 1950, that I last saw the deceased alive on 1-18, 1950, and that death occurred at 6:35 P. m., from the causes and on the date stated above.

|                                     |                   |   |                                    |
|-------------------------------------|-------------------|---|------------------------------------|
| 23a. SIGNATURE<br><i>Frank Elks</i> | (Degree or title) | 23b. ADDRESS<br><b>600 East 22nd Street</b> | 23c. DATE SIGNED<br><b>1-20-50</b> |
|-------------------------------------|-------------------|---|------------------------------------|

|   |                             |   |   |
|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE<br><b>1/28/50</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>School of Delapark</b> | 24d. LOCATION (City, town, or county) (State)<br><b>2102 Independence Ave</b> |
|---|-----------------------------|---|---|

|  |   |   |                               |
|--|---|---|-------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>1-28-50</b> | REGISTRAR'S SIGNATURE<br><i>Sheraldine Holmes</i> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>AB Moore</i> | ADDRESS<br><b>1820 E 18th</b> |
|--|---|---|-------------------------------|

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 *AB Mann* \_\_\_\_\_

Licensed Embalmer No. *2410* \_\_\_\_\_

P. O. Address *1820 E 180th* \_\_\_\_\_

**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.