S. No. 300
Rev. 10.48

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23472

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO 1002 Registrar's No. 3156

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City 8150
d. STREET ADDRESS (If rural, give location) 1956 No.29th St. X

3. NAME OF DECEASED (Type or Print)
a. (First) Arlo b. (Middle) E c. (Last) Bengtson

4. DATE OF DEATH (Month) 7 (Day) 20 (Year) 50

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH 11-13-10
9. AGE (In years last birthday) 39 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) call boy
10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.
11. BIRTHPLACE (State or foreign country) Topeka Kansas 1
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME John E Bengtson
13b. MOTHER'S MAIDEN NAME Grace Holcomb
14. NAME OF HUSBAND OR WIFE Eula Bengtson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 509 12 5117
17. INFORMANT'S SIGNATURE OR NAME Eula Bengtson ADDRESS 1956 N. 29th. St.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory 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) Generalized Peritonitis — 6+ days
DUE TO (c) Perforated Duodenal Ulcer — 6+ days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Peri appendicitis — 5501

19a. DATE OF OPERATION 7/15/50
19b. MAJOR FINDINGS OF OPERATION Peri appendicitis Generalized Peritonitis
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* 7/15, 1950, *to* 7/20, 1950 *that I last saw the deceased alive on* 7/20, 1950 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE James R. McVay (Degree or title) James R McVay MD
23b. ADDRESS 814 Porter Bldg
23c. DATE SIGNED 7/21/50

24a. BURIAL CREMATION REMOVAL (Specify) burial
24b. DATE 7-22-50
24c. NAME OF CEMETERY OR CREMATORY Mt Hope
24d. LOCATION (City, town, or county) Kansas City Kansas (State)

DATE REC'D BY LOCAL REG. 7-21-50
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE EADS BROS. FUNERAL HOMEKCK ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

Joni Appendicitis

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed M. M. Swisher

Signed.....
Student Embalmer

Licensed Embalmer No. 3505

P. O. Address K C Kansas

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.