

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4649

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 644

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>DICKINSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Abilene</b> <b>8158</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3655 Campbell, KCMo</b>		d. STREET ADDRESS (If rural, give location) <b>K</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>W.</b> c. (Last) <b>Bennett</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 10 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 14, 1887</b>
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>hotel worker</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Concordia, Kans.</b>
		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>Harrison Bennett</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Ellen Dotson</b>	14. NAME OF HUSBAND OR WIFE <b>--</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>509-03-8728</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Warren Lorens</b>	ADDRESS <b>Abilene, Kansas</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angina Pectoris</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4202</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>History of heart trouble</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 10, 1950**, patient since **19**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Mark Dodge</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Playhouse Bldg KCMo.</b>	23c. DATE SIGNED <b>2/11/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/11/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Abilene</b>	24d. LOCATION (City, town, or county) (State) <b>Abilene, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>2-11-51</b>	REGISTRAR'S SIGNATURE <b>Stearldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. H. Long</b>	ADDRESS <b>K.C. Mo.</b>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Ray E. Rose .....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4709 .....

P. O. Address 703 N. 10<sup>th</sup> St. K.C., 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.