

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **20046**
2150

FILED JUN 23 1951

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>0:22</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marus Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>4602 State Line</u>		

3. NAME OF DECEASED (Type or Print) <u>Agnes</u>	a. (First)	b. (Middle) <u>Bennett</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 25, 1898</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Jones Store Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Doc Warren Forrester</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes Hickey</u>	14. NAME OF HUSBAND OR WIFE <u>Don H. Bennett</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>512-03-9895</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Don H. Bennett</u>	ADDRESS <u>K. C. Kans.</u>
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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, asthma, 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) <u>Primary Cornea of Esophagus</u>		<u>7 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Escherichiosis</u>		<u>4 mos</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>150h</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Curiously recurrent</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Nov 23, 1950, to June 6, 1951, that I last saw the deceased alive on Nov 23, 1950, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. P. Neighbor</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Kansas City, Kansas</u>	23c. DATE SIGNED <u>6/7/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/8/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Josephs Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Shawnee, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>6-8-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home</u>	ADDRESS <u>K. C. Kans.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

Dr. G. P. Neighbors
4845 Blaine Court
1:00 to 1:30 P.M.
Hours.

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.....
Student Embalmer

Signed Mary L. Gates

Licensed Embalmer No. 245

P. O. Address Kansas City, 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.