

FILED JUL 7 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

20047

2752

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 admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>40 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>7122 GRAND AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>GEORGE</u>		b. (Middle) <u>LEIGH</u>		c. (Last) <u>BENNETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-26-1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY-15-1892</u>	
9. AGE (In years last birthday) <u>68</u>		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) <u>RETIRED - 2 YEARS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DENTIST</u>		11. BIRTHPLACE (State or foreign country) <u>FRANKFORT, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>LLOYD BENNETT</u>		13b. MOTHER'S MAIDEN NAME <u>Bell WELLS</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. GERTRUDE BENNETT</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES WORLDWART</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GERTRUDE BENNETT</u> ADDRESS <u>7122 GRAND AVE. KANSAS CITY, MO</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarct-Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</u>		Since - <u>1 year.</u>	
		DUE TO (c) <u>General arterial Disease</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1949 - Ruptured Appendix</u>		<u>4201</u>	

19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION <u>NO</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NO</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NO</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NO</u>	

22. I hereby certify that I attended the deceased from 6-20, 1951, to 6-26, 1951, that I last saw the deceased alive on 6-26, 1951, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Myers M.D.</u> (Degree of title) <u>U</u>		23b. ADDRESS <u>1115 Grand Ave. Kansas City, Mo.</u>		23c. DATE SIGNED <u>6/26/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 29 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRANKFORT CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>FRANKFORT KANSAS</u>	
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DATE REC'D BY LOCAL REG. <u>6-29-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newsome</u> ADDRESS <u>1331-BRUSH CREEK KANSAS CITY, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 3 1951

10-11, 1951

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 *Bernard A. Moran*

Licensed Embalmer No. *4250*

P. O. Address *A.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.