

STANDARD CERTIFICATE OF DEATH

State File No. 4489  
Registrar's No. 4489

FILED NOV 3 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</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>3 wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sunflower</u>		8150
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			d. STREET ADDRESS <u>39 Lane R</u> (If rural, give location)		
3. NAME OF DECEASED a. (First) <u>MRS. ERNESTINE</u> (Type or Print)			b. (Middle) _____	c. (Last) <u>Bennett</u>	4. DATE OF DEATH <u>Oct. 21, 1951</u> (Month) (Day) (Year)
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>Dec. 5, 1919</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Lebanon, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank Hallum</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Chauncy R. Bennett, Jr.</u>	
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>408-18-2273</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. R. Bennett, Jr. 39 Lane R, Sunflower, Kan.</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Retroperitoneal lymphosarcoma with generalized metastasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>Cachexia</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>2001</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov 17, 1949</u> , to <u>Oct 21, 1951</u> , that I last saw the deceased alive on <u>Oct 21, 1951</u> , and that death occurred at <u>11:45 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Merwin J. Rumold</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Blaza Time Bldg. Kansas City, Mo.</u>		23c. DATE SIGNED <u>Oct 23, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 22, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hollis, Okla.</u>	24d. LOCATION (City, town, or county) (State) <u>Hollis, Okla.</u>		
DATE REC'D BY LOCAL REG. <u>10-22-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>1900 Central Ave. Kansas City, Kans</u>		

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, ~~by~~ .....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed Robert Emmet Depout .....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3494 .....

P. O. Address 1900 Central Ave, S.C. 27 .....

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.