

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41486

State File No.

5565

No. 300
10-48

FILED JAN 12 1952

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

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| 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>50 YEARS</u> | | d. STREET ADDRESS (If rural, give location) <u>2724 CAMPBELL STREET</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2724 CAMPBELL STREET</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>W.</u> c. (Last) <u>BENNER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 24-1951</u> |
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| 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>APRIL 30-1881</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>JENKINS MUSIC CO</u> | 11. BIRTHPLACE (State or foreign country) <u>URBANA, ILL.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>JAMES BENNER</u> | 13b. MOTHER'S MAIDEN NAME <u>SALLIE WALLACE</u> | 14. NAME OF HUSBAND-OR WIFE <u>MRS LILLIE BENNER</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NO</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LILLIE BENNER</u> | ADDRESS <u>2724 CAMPBELL ST. 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4201</u> |
| | ANTECEDENT CAUSES Morbidity 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. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u> | 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) _____ | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:40 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>B</u> | 23b. ADDRESS <u>1034 Oak St Bldg</u> | 23c. DATE SIGNED <u>12-25-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>DEC-27-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN MAUSOLEUM</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u> |
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| DATE REC'D BY LOCAL REG. <u>12-26-51</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newsom</u> | ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u> |
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(Licensed Embalmer's Statement of Reverse Side)

WRITE PLAINLY—USING UNFAADING 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Basil V. Honey

Licensed Embalmer No.

4724

P. O. Address

Irishland, 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.