

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006144

FILED VS MAR 7 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1041

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Jackson</b> |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Kansas City</b>       | Length of stay in 1b<br><b>5 yrs.</b> | c. CITY OR TOWN <b>Kansas City</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>300 Benton</b> |                                       | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>2724 Campbell</b>                |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>            |                                       |   |  |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Lillie</b> Middle <b>Benner</b> Last <b>Benner</b> | 4. DATE OF DEATH<br>Month <b>Feb.</b> Day <b>19,</b> Year <b>1960</b> |
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|                      |                               |   |                                      |                                  |   |  |
|----------------------|-------------------------------|---|--------------------------------------|----------------------------------|---|--|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>Nov. 3, 1872</b> | 9. AGE (last birthday) <b>87</b> | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> | IF UNDER 24 HR<br>Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Illinois</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b> |
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|                                      |   |   |
|--------------------------------------|---|---|
| 13a. FATHER'S NAME<br><b>Unknown</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Charles W. Benner</b> |
|--------------------------------------|---|---|

|   |                                     |   |
|---|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>-</b> | 17. INFORMANT<br><b>Whitney Ogden, Kansas City, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Influenza - epidemic</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>48 hours</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)                                      |   |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Advanced age &amp; general debility</b> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Month, Day, Year |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE |
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21. I attended the deceased from **1953 (?)** **2-19-1960** and last saw her/him alive on **Feb 19-1960**.  
Death occurred at **10:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><b>R Paul Wright M.D.</b> | 22b. ADDRESS<br><b>Kansas City, Mo. 1324 Paul Kelly</b> | 22c. DATE SIGNED<br><b>Feb. 20, '60</b> |
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|  |                             |   |  |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Entombment</b> | 23b. DATE<br><b>2-22-60</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Moriah Mausoleum</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Mo.</b> |
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| 24. FUNERAL DIRECTOR<br><b>Stine &amp; McCure, Kansas City, Mo.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>2-22-60</b> | 26. REGISTRAR'S SIGNATURE<br><b>Neve Minshall</b> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF WRIGHT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 720

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.