

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 13 1960

3358-60-023055  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ks.</b> b. COUNTY <b>Leavenworth</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City, Mo.</b>		Length of stay in 1b <b>6 yrs.</b>	c. CITY OR TOWN <b>Leavenworth</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Our Lady of Mercy Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Pawnee St.</b>	
3. NAME OF DECEASED (Type or print) First <b>MISS BESS</b> Middle <b>N.M.I.</b> Last <b>BEHEN</b>			4. DATE OF DEATH Month <b>June</b> Day <b>26,</b> Year <b>1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 15, 1877</b>	9. AGE (last birthday) <b>82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerical Work-U.S. Government</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Government</b>		11. BIRTHPLACE (City and state or country) <b>Leavenworth, Ks.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA.</b>
13a. FATHER'S NAME <b>Martin Behen</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Maxwell</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Anna <del>Maxwell</del> O'Dowd</b> <b>706 N. Main, Indep., Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arterio-sclerotic cardiovascular disease</b> DUE TO (b) <b>advanced arterio-sclerosis</b> DUE TO (c) <b>advanced age</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH <b>7 yrs</b>
19. WAS AUTOPSY PERFORMED? 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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	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	COUNTY _____ STATE _____
21. I attended the deceased from <b>Jan 1950</b> to <b>June 1960</b> and last saw <sup>her</sup> <sub>him</sub> <b>live on June 10-1960</b> Death occurred at <b>8:57 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>R. Paul Wright M.D.</b>			22b. ADDRESS <b>13261 Paul Hill</b>		22c. DATE SIGNED <b>June 27, 1960</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 28, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Indep., Mo.</b>	
24. FUNERAL DIRECTOR <b>OTT &amp; MITCHELL, Indep., Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>6-27-60</b>	26. REGISTRAR'S SIGNATURE <b>Neva Mitchell</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF R. PAUL 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 Henry J. Mitchell

Licensed Embalmer No. 3923

P. O. Address Ind. Mo

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.