

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

35859

**1. PLACE OF DEATH**  
 County Jackson Registration District No. 399  
 Township Haw Primary Registration District No. 1062  
 City Kansas City (No. Kansas City) General Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Charles Bernhard Benson  
 (a) Residence. No. Sheboygan Wis St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 4412

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) divorced

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Aug 10 - 1870

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 | 2 | 19

**8. OCCUPATION OF DECEASED** former mgr  
 (a) Trade, profession, or particular kind of work Adv. P. Stores  
 (b) General nature of industry, business, or establishment in which employed (or employer) Sheboygan Wis  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Sweden

**10. NAME OF FATHER** Bengt Johnson

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Sweden

**12. MAIDEN NAME OF MOTHER** Christiana Carlson

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Sweden

**MEDICAL CERTIFICATE OF DEATH** Monday

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Oct. 29 1928

**17.** Coroner  
 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Suicide - leaped from Hospital - skull fractured  
167

**CONTRIBUTORY (SECONDARY)** 172

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Inspection  
 (Signed) H. D. Moore, M. D. Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**14. INFORMANT** August Benson  
 (Address) Argentine Kansas

**15. FILED** 10/31, 1928 M. M. Crove REGISTRAR  
Asst

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Forest Hill **DATE OF BURIAL** Nov 1 1928

**20. UNDERTAKER** Clyde Funeral Home 1800 Linwood

WRITE PLAINLY, WITH UNFADING INK---THIS IS PERMANENT RECORD  
 X. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

