

N. 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.

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

Do not use this space.

37861

1. PLACE OF DEATH

County Jackson Registration District No. 38  
Township Haw. Primary Registration District No. 10-2  
City Kansas City (No. Sh. Mumps Dept)

File No. \_\_\_\_\_  
Registered No. 5720  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Frankie Benik Jr.  
(a) Residence, No. 5630 Missouri Avenue 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1913

7. AGE YEARS 18 MONTHS 4 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr. Altringer

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

13. NAME Frank Benik

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Jennie May Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo.

17. INFORMANT Jennie May Benik  
(ADDRESS) 4301 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Nov 27, 1931

19. UNDERTAKER Cyler Funeral Home  
(ADDRESS) R. C. Mo.

20. FILED 10/27, 1931 M. M. Crowe  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27, 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Accidental Automobile Date of onset \_\_\_\_\_  
fracture of R. femur

Other contributory causes of importance: lung emphysema

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accidents, suicide, or homicide? \_\_\_\_\_ Date of injury 11/21, 1931

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Henry H. Abel \_\_\_\_\_, M. D.

(Address) Highway Corner

Went to  
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