

JAN 26 1934

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

Do not use this space.

40002

1. PLACE OF DEATH

County JACKSON Registration District No. 309
Township KAW Primary Registration District No. 1000
City KANSAS CITY (No. 3400) GLADSTONE BLVD St. 4799 Ward

2. FULL NAME MRS. HARRIETT A BENDER

(a) Residence, No. 4235 WINDSOR AVE. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>JOHN F. BENDER</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEBRUARY 21 1858</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>9</u>
		DAYS
		<u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
<u>NONE</u>		<u>NONE</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1935, to Nov 29, 1933

I last saw her alive on Nov 29, 1933. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Heart disease = Congestive Heart failure
(Myocarditis since 1931)

Date of onset

Oct 4/33

Other contributory causes (if important)

Chronic Arteriosclerosis

1925

Name of operation 2:30 P.M. Date of 20

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

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? No

If so, specify (Signed) H. H. Stone M. D.

(Address) 1000 Park Ave

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NEW YORK</u>
	13. NAME <u>UNKNOWN</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>
	15. MAIDEN NAME <u>UNKNOWN</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>
17. INFORMANT <u>MR. JOHN H. BENDER</u> (ADDRESS) <u>3400 GLADSTONE BLVD</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FOREST HILL</u> DATE <u>DECEMBER 8 1933</u>	
19. UNDERTAKER <u>D.W. NEWCOMER'S SONS</u> (ADDRESS) <u>2111 EAST 9TH ST</u>	
20. FILED <u>12-8 1933</u> <u>M.M. Crowe</u> Registrar.	

