

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9865**
Registrar's No. **1299**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2843 Troost**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **2 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Miss Elizabeth Benson 525**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 25, 1869**
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **Sweden**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Laundry Employee**

12. Name **Bank Benson**

13. Birthplace **Sweden**
(City, town, or county) (State or foreign country)

14. Maiden name **Johanna Peterson**

15. Birthplace **Sweden**
(City, town, or county) (State or foreign country)

16. (a) Informant **Guarita Forger**
(b) Address **4036 Locust**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Mar 25, 1940**
(Month) (Day) (Year)
(c) Place: burial or cremation **Maple Hill Cemetery Mo.**

18. (a) Signature of funeral director **John W. Wagner**
(b) Address **Kansas City, Mo.**

19. (a) **Mch 25, 1940** (Date received local registrar) **M. M. Crowe** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2843 Troost**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **58** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **23rd**
year **1940** hour **8** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Mar 12**
1940, to **MAR 23, 1940**

that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia Lobar** **7da**
Duration

Due to **108**

Due to _____

Other conditions **Dr. Valonardis**
(Include pregnancy within 8 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **H. C. Trappe** (M. D. or other) **MD**
Address **1022 Arapaho Bldg** Date signed **3/22/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Mo.

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

If this body is not embalmed, above space should be left blank.