

NOV 13 1940
Registration District No. 1940

Primary Registration District No. 1002

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

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: 1609 A -E- 14th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 6 weeks
(Specify whether years, months or days)

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. 1609 A -E- 14th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 Day 9 Year 40
hour minute 2:50 P. M.

21. I hereby certify that I attended the deceased from 10/9/40 to 10/11/40
that I last saw him alive on 10/11/40 at 1609 A -E- 14th St.
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Due to Heart
Duration

Other conditions: 10/11/40
(Include pregnancy within 3 months of death)

Major findings: None
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Heart
23. Signature W. M. Corwin (M. D. or other)
Address 1609 A -E- 14th St. Date signed

3. (a) PRINT FULL NAME: Jacqueline Benson

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 31 years (Day) (Year)

7. Birth date of deceased: August (Month) 31 (Day) 1940 (Year)

8. AGE: Years Months Days If less than one day
1 9 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

MOTHER FATHER { 12. Name Maynard Benson

13. Birthplace Wheterfords Okla.
(City, town, or county) (State or foreign country)

14. Maiden name Helen Brown

15. Birthplace Stillwater Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Benson (Mother)

(b) Address 1609 A -E- 14th St.

17. (a) Burial (b) Date thereof 10--11-'40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn-K.C.

18. (a) Signature of funeral director Ideal Funeral Home

(b) Address 1409 E 12th St.

19. (a) 10-11-40 (b) W. M. Corwin
(Date received local registrar) (Registrar's signature)

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

L. P. Harris, Jr.

Licensed Embalmer No. *3388*

P. O. Address *K. E. 240*

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.