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K21492

LED JAN 8 1941 399

State File No. _____
Registrar's No. 5042

Registration District No. _____ 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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 18 years
years, months or days

3. (a) PRINT FULL NAME Edwin C. Benson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Pearl Gardner 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 4 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>7</u>	<u>25</u>	_____ hr. _____ min.

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

10. Usual occupation Retired 9

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Emma Benson

(b) Address 140 G.E. 9 K.C. Mo

17. (a) Burial (b) Date thereof Jan 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Walter J. Fundal

(b) Address 2657 Luder Ave

19. (a) 12/31/40 (b) M. T. Brown
(Date received local registrar) (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. 1406 East 9th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29th
year 1940 hour 11:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Aug. 30th 1940 to Dec. 27th c. 40 ;
that I last saw him alive on Dec. 27th, 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder

Due to 51

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy None

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) (g) Means of injury _____

23. Signature Walter J. Fundal (M. D. or other) _____
Address Med. Director K.C. Gen. Hospital Date signed _____

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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