

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No.

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 **15 days**
(Specify whether
In this community **Unknown**
years, months or days)

3. (a) PRINT FULL NAME **Benjamin F. Carpenter**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **M** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Wed?**
6. (b) Name of husband or wife **Ellen Carpenter** 6. (c) Age of husband or wife if alive **22** years
7. Birth date of deceased **July 22 1877**
(Month) (Day) (Year)

8. AGE: Years **63** Months **7** Days **28** If less than one day
hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER
12. Name **Unknown**
13. Birthplace **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Knight**

(b) Address **2305 Meyer Blvd**

17. (a) **Burial** (b) Date thereof **Mar 22-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Rose Henderson**

(b) Address **15th + Jackson**

19. (a) **3-21-41** (b) **M.M. Crowe**
(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. **3023 Chelsea**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **20th**
year **1941** hour **1:00 P.M.** minute M.

21. I hereby certify that I attended the deceased from **3-5-41** to **3-20-41**
that I last saw him alive on **3-20-41**
and that death occurred on the date and hour stated above.

Immediate cause of death
**AURICULAR FIBRILLATION WITH CHRONIC
PASSIVE CONGESTION OF LUNGS**

Due to **1/20**

Due to **1/20**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **None**

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) means of injury **0**

23. Signature **Amery R. Shorn** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** Date signed **3-21-41**

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 *John B. Camp*
Licensed Embalmer No. *2955*
P. O. Address *H. C. No*

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, fact should be so stated above.