

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20845

FILED JUL 7 1941

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2375

348
38

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 St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days
(Specify whether years, months or days)

In this community 48 Years

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. 631 Woodland Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Angie K. Smith Bennett

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. James H. Bennett

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased: March 20 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 29

If less than one day ----- hr. ----- min.

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

10. Usual occupation Owner and Operator

11. Industry or business Apartments

MOTHER FATHER

12. Name Joseph A. Smith

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

14. Maiden name Katheryn Mueller

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

16. (a) Informant Joe A. Bennett

(b) Address Ozark Beach Mo

17. (a) Burial (b) Date thereof: June 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 6/23/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1941 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from December 1940 to June 19 1941
that I last saw her alive on June 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of the Heart Duration 10 hr.

Due to Atelectasis of Lung (left lower lobe) " " 46

Due to Spinal Anaesthesia " " " "

Other conditions Hemoperitoneum (150 cc.) " " " "

Major findings: Carcinoma of cecum

Of operation As above

Of autopsy As above

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? _____ Means of injury _____

23. Signature Frank P. Young M.D. (M. D. or other) 06/24/41

Address 1107 P. Lyant Blvd Date signed 6/24/41

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important

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 *C. Hervey Quisenberry*

Licensed Embalmer No. *4070.0*

P. O. Address *K C 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, fact should be so stated above.