

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24193 82779  
State File No.

Registration District No. 377

Primary Registration District No. 100

Registrar's No. 2732

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:  
Trinity Lutheran  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 15 Years 0 (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1244 Denver St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Endora Maggie Benton

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widow ed  
6. (b) Name of husband or wife V. L. Benton 6. (c) Age of husband or wife if  
alive..... years  
7. Birth date of deceased July 19 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 0 3 hr. min.

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

10. Usual occupation House Wife  
Same

11. Industry or business.....

MOTHER FATHER { 12. Name Richard McCoy  
13. Birthplace Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Callie Crane  
15. Birthplace Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viva Boyles  
(b) Address 1244 Denver St.  
17. (a) Burial (b) Date thereof 7 /23/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills  
18. (a) Signature of funeral director Rose & Henderson  
(b) Address 4139 E. 15th St.

19. (a) 7-22-41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1941 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from  
July 9, 1941, to July 22, 1941;  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration  
Coronary thrombosis 11 days  
Due to thrombosis coronary arteria  
and glomerular nephritis 6 weeks

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death) 1st B

Major findings:  
Of operations..... 1st B  
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) (c) Means of injury  
23. Signature Allen P. Hearst (M.D. or other) M.D.  
Address 1100 P. M. Bldg Date signed 7-22-41

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

123

561

**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 G. E. Henderson

Licensed Embalmer No. 3657

P. O. Address 176 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.**