No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37288

State File No. 4082

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH: Jackson
(a) County Kansas City
(b) City or town (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 10 days (Specify whether
In this community Unknown 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. Helping Hand Institute (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Arthur Benedict
3. (b) If veteran, name war
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 Agnes Benedict
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased April (Month) 5 (Day) 1882 (Year)

8. AGE: Years 59 Months 6 Days 26 If less than one day -- hr. min.

9. Birthplace Coffey Co (City, town, or county) Kansas (State or foreign country)
10. Usual occupation retired Laborer
11. Industry or business Swift Packing Co Midwest Pkg
FATHER
12. Name Jacob A Benedict
13. Birthplace — (City, town, or county) Penna (State or foreign country)
MOTHER
14. Maiden name Laura L Bailey
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Lloyd A. Benedict
(b) Address 2601 New Jersey
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cem KC Ks
18. (a) Signature of funeral director Geo F. Porter & Sons
(b) Address 915 N 10 Kans City Kans
19. (a) 11-3/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st year 1941 hour 1 minute 15 A M.
21. I hereby certify that I attended the deceased from 10-22-41, 19__, to 11-1-1941, 19__; that I last saw him alive on 11-1-1941, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute gangrenous cystitis with ascending ureteritis and pyelonephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Amery L. Thorne (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

DEC 20 1946

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 Howard L. Porter

Licensed Embalmer No. 3757

P. O. Address 915 N. 10th K.C.

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

If this body is not embalmed, fact should be so stated above.