V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13231

Primary Registration District No. 1002

Registrar's No. 1876

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: Children's Mercy Hospital D (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days (Specify whether years, months or days)
In this community 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 720 Prospect (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Thomas Edward Bennett

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 26 (Day) 1932 (Year)

8. AGE: Years 9 Months 11 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Kan City (City, town, or county) Mo. U (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name George Bennett
13. Birthplace Parkville (City, town, or county) Mo. U (State or foreign country)

MOTHER
14. Maiden name Dora Bernard
15. Birthplace Shedel (City, town, or county) Mo. U (State or foreign country)

16. (a) Informant Geo Bennett
(b) Address 720 - Prospect Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Bergman Funeral Home
(b) Address 1801 - 22nd Street Kc

19. (a) 5-13-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1942 hour 12 minute 08 A.M.

21. I hereby certify that I attended the deceased from May 11, 1942 to May 11, 1942 that I last saw him alive on May 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized peritonitis	
Due to Ruptured appendix	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same	

12:11

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 0

23. Signature W. B. Soderberg (M. D. or ~~other~~)
Address 1316 Prof Bldg Date signed May 11, 42

3481 (Licensed Embalmer's Statement on Reverse Side)

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. Harry C Bergman

Licensed Embalmer No. 204

P. O. Address Kan City 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.