. S. No. 2
OM—5-42
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23290

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2823

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-3-42-7-20-42 (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3003 Indep. Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mayme Benedict

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

4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced 0 Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Marcn (Month) 11th (Day) 1866 (Year)

8. AGE: Years 76 Months 4 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) New York 1 (State or foreign country)
10. Usual occupation Nurse
11. Industry or business — retired

FATHER
12. Name Wm.Benedict
13. Birthplace (City, town, or county) New York 1 (State or foreign country)

MOTHER
14. Maiden name Amy Hester
15. Birthplace (City, town, or county) New York 1 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address K.C. General Hosp. #1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7 (Month) 27 (Day) 42 (Year)
(c) Place: burial or cremation Logan, Iowa
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place;K.C. Mo.
19. (a) 7/26/42 (Date received local registrar) (b) M. M. Crowe 341 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th year 1942 hour 3 minute 25 P. M.
21. I hereby certify that I attended the deceased from 7-3-42, 19 , to 7-20-42, 19 ; that I last saw her alive on 7-20-42, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to 186 %

Due to 10

Other conditions Fracture neck of left femur
(Include pregnancy within 3 months of death)
accidental fall at home

Major findings:
Of operations
Of autopsy

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) Acc 123
(b) Date of occurrence 6-17-42
(c) Where did injury occur? K. C. (City or town) Jack (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? Home (e) Means of injury Acc Fall

23. Signature Emery R. Thorne (M. D. or other)
Address Med.Dir.K.C.General Hospital Date signed 7-21-42

(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 Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Pla[illegible] K.C. M[illegible]

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.