

FILED FEB 11 1946

Registration District No. 149

Primary Registration District No. 1002

State File No. _____

Registrar's No. 490

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:
10th & Park 1001- Park
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community About 26 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. 1401 Brooklyn
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles D. Bentley

3. (b) If veteran, name war no 3. (c) Social Security No. 500-03-0623

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Queen Esther Bentley 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May - 2 - 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>8</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation cook

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Bentley
 { 13. Birthplace Ky.
 { 14. Maiden name Susie Gooch
 { 15. Birthplace Salisbury Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey T. Bentley

(b) Address 1127 Minnesota Ave., Sioux Falls, S.Dak.

17. (a) Removal (b) Date thereof 1/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury, Mo.

18. (a) Signature of funeral director E. Sterling Belle

(b) Address 1212 Vine, K.C., Mo.

19. (a) 1-30-46 (b) Maeldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25 year 1946 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw the deceased _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 93 d

Major findings: Of operations _____

Of autopsy No - Permit

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? _____

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

23. Signature H. Williams (M. D. or other) _____

Address 2636 Brooklyn Date signed _____

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

838

1-30-46

AUG 5 1966

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 *E. Sterling Belle*

Licensed Embalmer No. *3178*

P. O. Address *1212 Vine St. (P.O.)*

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.