

S. No. 2
OM-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9271**
1344
Registrar's No.

Registration District No. **149** Primary Registration District No. **1002**

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

8197

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **At home 2544 Troost**
(d) Length of stay: In hospital or institution **45 years**
In this community **45 years**

3. (a) PRINT FULL NAME **Edward L. Bennett**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **None**
6. (c) Age of husband or wife if alive **None**
7. Birth date of deceased **October 15 1900**

8. AGE: Years **45** Months **5** Days **3**
If less than one day hr. min.

9. Birthplace **Kansas City Missouri**

10. Usual occupation **Fireman**
11. Industry or business **K. C. Fire Department**

12. Name **Albert F. Bennett**

13. Birthplace **Unknown Missouri**

14. Maiden name **Ada Robb**

15. Birthplace **Unknown Kansas**

16. (a) Informant **Ada Bennett**
(b) Address **2544 Troost Avenue**

17. (a) **Burial** (b) Date thereof **3-20-46**
(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**
(b) Address **1800 E. Linwood Blvd.**

19. (a) **3-20-46** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **2544 Troost Avenue**
(e) Citizen of foreign country? **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **18**
year **1946** hour **6** minute **45 A.M.**
21. I hereby certify that I attended the deceased from **Mar 15** to **3/17**
that I last saw him alive on **3/17** and that death occurred on the date and year stated above.

Immediate cause of death **Carcinoma of Throat**
c Metastasis

Due to **458**

Other conditions (Include pregnancy within 3 months of death)
Major findings: **458**
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **William M. Cook** (M. D. or other)
Address **Prof. Bldg** Date signed **3/20/46**

Duration **1 yr**
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Wm. M. North
Professional Body

Vs. 1105

At Joseph Hospital
between 8:30 and
10 o'clk - Tues. morn

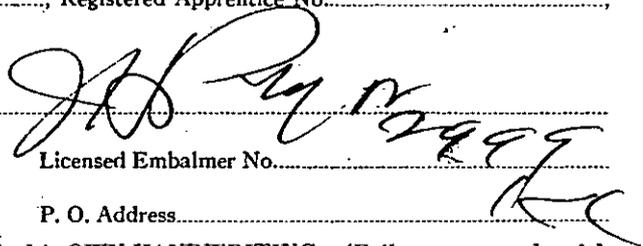
STATEMENT BY LICENSED EMBALMER

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.....



..... Licensed Embalmer No.

..... P. O. Address.....

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.