

S. No. 2  
OM-5-43  
ev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20153**

**FILED JUN 20 1946**

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

Registrar's No. **2458**

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

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Jackson City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Smutek Endean Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 HOUR  
(Specify whether years, months or days)

In this community 1 hr.

**3. (a) PRINT FULL NAME** INFANT JOSEPHINE Benesh

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

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

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

7. Birth date of deceased June 2 1946  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
			<u>1 hr.</u> min.

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business \_\_\_\_\_

**MOTHER** } 12. Name Robert Benesh

13. Birthplace MENONINEE MICHIGAN  
(City, town, or county) (State or foreign country)

14. Maiden name Frances ROBINSON

15. Birthplace KANSAS CITY - MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. RALPH ROBINSON

(b) Address 111 EAST 31st. TERRACE

17. (a) BURIAL (b) Date thereof 6-2-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation MT. ST. MARY'S CEMETERY

18. (a) Signature of funeral director J. F. Donald

(b) Address 3256 BROADWAY

19. (a) 6-4-46 (b) Steraldine Holme  
(Date received local registrar) (Registrar's signature)

**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. 111 EAST 31st. ST. TERRACE  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JUNE day 2  
year 1946 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from June 2  
June 2 1946 to June 2 1946  
that I last saw her alive on June 2 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurely - 6 mos pregnancy

Due to Prematurely ruptured membranes

Due to membranes

Other conditions 159  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Ernie H. Ferguson M.D. (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
Address 933 1st St Date signed 6-3-46

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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.....

*Park G. Rowe*

Licensed Embalmer No.....

*2347*

P. O. Address.....

*K. C. 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.**