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

19028

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 20155

FILED JUN 20 1946

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 2445

**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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community: 35 yrs.

**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")

(d) Street No.: 1105 Woodland 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: Vernon Q. Bennett

3. (b) If veteran, name war: no

3. (c) Social Security No. none

4. Sex: Female 3

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Arthur Bennett

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

7. Birth date of deceased: September (Month) 21. (Day) 1899 (Year)

8. AGE: Years 46 Months 8 Days 10 If less than one day: hr. min.

9. Birthplace: Kansas City (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Joseph Gordan 9

13. Birthplace: (City, town, or county) Unknown (State or foreign country)

MOTHER 14. Maiden name: Georgia Duncan

15. Birthplace: (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Medical Records Librarian

(b) Address: General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-3-1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Home

18. (a) Signature of funeral director: Adkins Bros. Funeral

(b) Address: 2000 E. 12Th St. C. Mo.

19. (a) 6-3-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 31, year 1946 hour 4: minute 15 A.M.

21. I hereby certify that I attended the deceased from May 28, 1946 to May 31, 1946; that I last saw her alive on May 31, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease with Decompensation — Duration

Due to:

Due to:

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

Major findings: Of operations:

Of autopsy:

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: (M. D. or other)

Address: Gen. Hosp. #2 Date signed:

(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 A. T. Moore

Licensed Embalmer No. 948

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.**