

S. No. 2  
 DM-5-43  
 v. 5-17-39  
 I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **17313**  
 Registrar's No. **2211**

FILED MAY 29 1947  
 1947

Registration District No. \_\_\_\_\_ Primary Registration District No. **1001**

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

**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: **St. Luke's Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 weeks**  
(Specify whether years, months or days)  
 In this community **2 weeks**

**3. (a) PRINT FULL NAME** **Mrs. Sarah BENNETT**  
 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 **married**  
 6. (b) Name of husband or wife **Arthur Bennett**  
 6. (c) Age of husband or wife if alive **69** years  
 7. Birth date of deceased **December 15, 1878**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>68</b>	<b>5</b>	<b>4</b>	hr. _____ min.

9. Birthplace **Edmondson, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**  
 11. Industry or business **At home**

**MOTHER FATHER**  
 12. Name **Elijah Yeager**  
 13. Birthplace **Benton Co. Missouri**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Molly Bailey**  
 15. Birthplace **Benton Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Bennett**  
 (b) Address **Greenridge Missouri**  
 17. (a) **Removal** (b) Date thereof **5-19-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Green Ridge, Mo.**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**  
 (b) Address **Kansas City, Mo.**  
 19. (a) **5-20-47** (b) **Thalidine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Pettis**  
 (c) City or town **Greenridge**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **May** day **19**  
 year **1947** hour **4:55** minute **AM**  
 21. I hereby certify that I attended the deceased from **1945** to **May 18**, 19**47**  
 that I last saw her alive on **May 18**, 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Congestive heart failure** **2 yrs.**  
**Myocarditis (non-specific)** **2 yrs.**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**PHYSICIAN**  
 Major findings:  
 - Of operations **a3 p**  
 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?  
 While at work? \_\_\_\_\_  
(Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature **M. J. Berry** (M. D. or other) \_\_\_\_\_  
 Address **Kansas City Mo** Date signed **May 19, 1947**

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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 Allen E. Heck

Licensed Embalmer No. 4063

P.O. Address Kansas City, 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.**