

Registration District No. 149 Primary Registration District No. 1002

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. Marvs Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)  
In this community 35 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. 212 South Askew  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME EMERY ELLARD BENSON  
(b) If veteran, name war World #1  
(c) Social Security No. 709-120525

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 17  
year 1947 hour 9 minute 30 P. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Minnie Benson  
6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased October 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/7, 1947, to 9/17, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 11 Days 14  
If less than one day hr. min.

Immediate cause of death Total Paralysis  
Bilateral from 3rd Dorsal vertebrae  
Due to Spinal cord tumor  
Due to (non-malignant)

Duration 4 days  
4 mos.

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

10. Usual occupation Yard Clerk

11. Industry or business Chicago & Alton Railroad

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 56 2  
Of autopsy

22. If death was due to external causes, fill in the following:

12. Name James E. Benson

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

14. Maiden name Marcleus Smith

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Emery Eugene Benson

(b) Address 3413 Morrell K. C. Mo

17. (a) Burial (b) Date thereof Sept 20, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 9-19-47 (b) D. Geraldine Holme  
(Date received local registrar) (Registrar's signature)

(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 0

23. Signature P. J. O'Connell (M. D. or other)

Address 327 Ogden Bldg Date signed 9/19-47

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

MOTHER FATHER

NOV 17 1947

Dr. J. F. O'Connell  
Argyle Bldg.  
Vt 3311

**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 *Chas. E. Wilks*.....

Licensed Embalmer No. *2644*.....

P. O. Address. *HC MD*.....

**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.**