

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED DEC 15 1947

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

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 1/2 hours
(Specify whether years, months or days)

In this community 28 years
(Specify whether years, months or days)

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. 115 Benton Blvd. **8**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS. MARY SUSANNA BENNETT

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

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2d
year 1947 hour 5: minute 30 A. M.

21. I hereby certify that I attended the deceased from 1937
....., 19..... to Dec 1, 1947
that I last saw her alive on Dec 1, 1947
and that death occurred on the date and hour stated above.

4. Sex Fe **5. Color or race** Wh

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

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

7. Birth date of deceased January 26 1863
(Month) (Day) (Year)

Immediate cause of death
Myocarditis, Chronic **10413**

Due to Acute Cardiac Failure Due To Coronary Thrombosis **3 days**

Other conditions
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>10</u>	<u>6</u>	<u>hr.</u> <u>1</u> <u>min.</u>

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

10. Usual occupation Housewife

11. Industry or business

12. Name Andrew Jackson Shrock

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

14. Maiden name Julia Anna Workings

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

938

MOTHER FATHER

16. (a) Informant Miss Mamie Bennett

(b) Address 115 Benton Blvd.

17. (a) Burial Done Jack, Mo. **(b) Date thereof** 12-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Jack, Mo.

18. (a) Signature of funeral director J.M. Wagner
(b) Address Kansas City, Mo.

19. (a) 12-3-47 **(b) Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

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 Arthur H. Dalwitz M.D. **(b) Dec 2/47**
(Specify type of place) (e) Means of injury (City or town) (County) (State) (Date assigned)

Address 130 W. 13th St. Bldg 9

117 3434
Prof

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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.