

FILED JUL 19 1948

Registration District No. 149MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 23030Primary Registration District No. 1002Registrar's No. 2814

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:
Gen. Hosp. #1 14 Day's 1
 (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 4 YEARS

3. (a) PRINT

FULL NAME Orenzo Benzoni

3. (b) If veteran,

name war unknown

3. (c) Social Security No.

unknown

4. Sex W D 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HATTIE BENZONI 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Nov. 27 1889
 (Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 10 If less than one day hr. min. 0

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

10. Usual occupation NIGHT WATCHMAN

11. Industry or business

12. Name FRED BENZONI

13. Birthplace DO NOT KNOW
 (City, town, or county) (State or foreign country)

14. Maiden name MARGARET COFFEY

15. Birthplace DO NOT KNOW
 (City, town, or county) (State or foreign country)

16. (a) Informant HATTIE BENZONI

(b) Address 709 FOREST

17. (a) BURIAL (b) Date thereof 7/9/48
 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARCELLINE MO

18. (a) Signature of funeral director MC LAUGHLIN

(b) Address MARCELLINE MO

19. (a) 7-8-48 (b) Geroldine Holmed
 (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. 709 FOREST
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
 year 1948 hour 10 minute 40 A. M.

21. I hereby certify that I attended the deceased from June
June 22 1948 to July 7 1948
 that I last saw him alive on July 7 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death metastatic
Malignant melanoma
Generalized involving heart, lungs

Due to liver, pancreas, mesentery, kidneys
& bowels. (primary side unknown)

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 53

Of autopsy See Above

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 0

23. Signature Wm. J. ... (M. D. or other)
Dir. Gen. Hosp. #1 July 9, 1948
 Address Date signed

Respectfully

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 *F. S. Maltose*.....

Licensed Embalmer No. *2744*.....

P. O. Address. *26 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.