No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26248

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2964

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: 5324 LINWOOD BLVD. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 374 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5324 LINWOOD BLVD. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 8
If yes, name country — 0

3. (a) PRINT FULL NAME BENJAMIN LOUIS DEWERT

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife MRS. LAURA W. DEWERT

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased FEBRUARY (Month) 20 (Day) 1874 (Year)

8. AGE: Years 74 Months 4 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation TAVERN OWNER

11. Industry or business 4200 EAST 15TH STREET

FATHER
12. Name FREDERICK F. DEWERT
13. Birthplace UNKNOWN (City, town, or county) GERMANY 4 (State or foreign country)

MOTHER
14. Maiden name FLORA MATTHEWS
15. Birthplace UNKNOWN (City, town, or county) GERMANY 4 (State or foreign country)

16. (a) Informant Mrs. Laura W. DeWert
(b) Address 5324 Linwood Blvd

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 20, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETARY

18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd

19. (a) 7-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 17TH year 1948 hour 8 minute 55 a.M.

21. I hereby certify that I attended the deceased from May, 1947, to July 17, 1948, that I last saw him alive on 7-16-, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac failure	5 min.
Due to Coronary Artery occlusion	15 min.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94.0
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 2

23. Signature Kenneth Adler (M. D. or other) D.O.
Address 2646 Jackson Date signed 7-17-48

(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 Bernard L Horan

Licensed Embalmer No. 4250

P. O. Address KC 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.