

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37153**
4876

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 2518</u>	
c. LENGTH OF STAY (in this place) <u>56 years</u>		d. STREET ADDRESS (If rural, give location) <u>3610 East 39 Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3610 East 39 Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IRENE</u> b. (Middle) <u>MARGERITE</u> c. (Last) <u>BENNESON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14. 1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>JAN 5 - 1895</u>	9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleslady</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Emery Birds & Thayer</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. Enlow</u>	13b. MOTHER'S MAIDEN NAME <u>Josie S. Shelly</u>	14. NAME OF HUSBAND OR WIFE <u>Berkley H. Benneson, Jr.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>481-01-7333</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Berkley H. Benneson</u> ADDRESS <u>3610 E 39 Rm. 50</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 MO</u> <u>7 years</u> <u>170X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generalized</u> DUE TO (c) <u>Cancer of left Breast</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>na</u>			

19a. DATE OF OPERATION <u>1944</u>	19b. MAJOR FINDINGS OF OPERATION <u>as above</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1944, 1944, to 1951, that I last saw the deceased alive on Nov 13, 1951, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John T. Skinner</u> (Degree or title)	23b. ADDRESS <u>1102 Grand St. C100</u>	23c. DATE SIGNED <u>11/14/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 16 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>11-15-51</u>	REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. N. Newcomer, Jr.</u> ADDRESS <u>1331 ORWELL CREEK KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Charles H. Steinking

Licensed Embalmer No. *4560*

P. O. Address *R.F. Wro*

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.