

REC'D SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27165

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>924</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY OR TOWN <u>St. Joseph</u> c. LENGTH OF STAY (in this place) <u>74.8 m 17th</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson 367</u> c. CITY OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>110 E. 40th</u>			
3. NAME OF DECEASED (Type or Print) <u>Edith Bennett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 25 1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>			
8. DATE OF BIRTH <u>May 31 1894</u>		9. AGE (In years last birthday) <u>58</u>		10. MONTHS <u>2</u> DAYS <u>24</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>stenographer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Not given</u>		11. BIRTHPLACE (State or foreign country) <u>Not given</u>			
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Mathew Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>not given</u>			
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Penner (Friend 110 E 40th R. 6 mo</u>							
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of uterus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Diphtheritic meningitis encephalitis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>025XH</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 1, 1952</u> , to <u>Aug 25, 1952</u> , that I last saw the deceased alive on <u>Aug 23, 1952</u> , and that death occurred at <u>5:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u>				23b. ADDRESS <u>St. Joseph Mo 9, State Hosp no 2</u>		23c. DATE SIGNED <u>8/25 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Aug. 28, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D. W. Newomers Song</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 9, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Henke</u>		ADDRESS <u>St. Joseph, Mo.</u>	

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

OCT 17 1952

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.

Signed _____
Student Embalmer

Signed *Albert C. Harrington*

Licensed Embalmer No. *3258 ma*

P. O. Address *St. Joseph, 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.