

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31492**
4032

FILED SEP 27 1952

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 3 yrs.		d. STREET ADDRESS (If rural, give location) 2628 TROOST	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL # 2			

3. NAME OF DECEASED (Type or Print) a. (First) LOUISE b. (Middle) ***** c. (Last) BENNETT			4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 11, 1952		
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH JUNE 19, 1910		9. AGE (In years last birthday) 42		10. F UNDER 1 YEAR Months 2 Days 23 Hours 17 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ALABAMA	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME OLIVER DAVIS		13b. MOTHER'S MAIDEN NAME STELLA GREEN		14. NAME OF HUSBAND OR WIFE LEE BENNETT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 419-30-2989		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FANNIE HARRIS 2628 TROOST	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF THE CERVIX WITH METASTASIS		ANTECEDENT CAUSES				
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
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.				
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 9-1- 1952, to 9-11 1952, that I last saw the deceased alive on 9-11 1952, and that death occurred at 7:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Elms MD (Degree or title)		23b. ADDRESS 600 E. 22ND. STREET		23c. DATE SIGNED 9-12-52	
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE 9/16/52		24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
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DATE REC'D BY LOCAL REG. 9-13-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wesley's Bros. 18th & Benton	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Bruce R. Watkins

Licensed Embalmer No. 4500

P.O. Address 18th & Benton

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.