

No. 2
1-4-41
-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27860

SEP 10 1941 85
Registration District No.

Primary Registration District No. 100

Registrar's No. 832

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1619 S. 14th.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 21 years (Specify whether years, months or days)

In this community 21 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1619 S. 14th.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ANNA MARIE BENNETT

3. (b) If veteran, name war. none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single/widowed, married, divorced Married

6. (b) Name of husband or wife Roe Bennett

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov. 25th. 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29th.
year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 11, 1941 to Aug 29, 1941
that I last saw her alive on Aug 29, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 9 Days 4 If less than one day hr. min.

Immediate cause of death Myocardial failure
Called 9 lives
Due to Chronic Hepatitis

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

10. Usual occupation Housewife

11. Industry or business home

MOTHER FATHER { 12. Name August Eggert

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: H67

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Nellie Perks
(b) Address 111 W. Moose St. Joseph, Mo.

17. (a) Burial (b) Date thereof 9-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address St. Joseph, Mo.

19. (a) 8/30/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (M. D. or other) Address [Address] (Date signed) [Date]

WRITE PLAINLY—USE 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~~ me

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Geo E Daniel

Licensed Embalmer No...

3300

P. O. Address

St Joseph M

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.