

FILED MAY 8 1946

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 510

1. PLACE OF DEATH: Buchanan
 (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:
 At home, 2916 Lowell ST.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution SIX HOURS.
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph /
 2916 Lowell Street (If outside city or town limits, write "RURAL") /
 (d) Street No. 2916 Lowell Street /
 (If rural, give location) /
 (e) Citizen of foreign country? NO 0
 (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME SARAH JANE BENNETT
 (b) If veteran. ** name war _____ (c) Social Security No. ** _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 30th
 year 1946 hour 10 minute 10--A M.

4. Sex Fem- / 5. Color of race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from
 Apr 20 1946 to Apr 30 1946
 that I last saw her alive on Apr 30 1946
 and that death occurred on the date and hour stated above.

7. Birth date of deceased April 30th, 1946
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
 --- -- -- 6 hr. 15 min.
 9. Birthplace St. Joseph, Missouri.
 (City, town, or county) (State or foreign country)

Immediate cause of death:
 Non Closure of Foramen Ovale at birth
 Duration 6 1/2 hrs

10. Usual occupation _____
 11. Industry or business _____
 12. Name Lightle Howard Bennett
 13. Birthplace Culver, Kansas.
 (City, town, or county) (State or foreign country)
 14. Maiden name Rose Belle Wilson
 15. Birthplace St. Joseph, Missouri.
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant Lightle Howard Bennett
 (b) Address 2916 Lowell Street.
 17. (a) Burial (b) Date thereof May 1st 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Moxley Cemetery.
 18. (a) Signature of funeral director Mrs. E. R. Sidenfader
 602 South 10th Street
 (b) Address _____
 19. (a) May 2, 1946 (b) _____
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 157

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 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 _____
 23. Signature J. R. Elliott (M. D. or other) _____
 Address 801 1/2 Cassin St. Joseph, Mo. Date signed 5/30/46

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

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STATEMENT BY LICENSED EMBALMER

did not Embalm

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

Mollie E. Sidenhaden Fox

Licensed Embalmer, No.

4235

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.