

S. No. 2
OM-5-43
v. 5-17-39
I X36671

16522

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 718

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

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:
2102 Dewey Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 52 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2102 Dewey Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louise Jane Bennett
(b) If veteran, name war No
(c) Social Security No. No

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Crawford Bennett
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Dec. 19 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 13
If less than one day _____ hr. _____ min.

9. Birthplace Cal. County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Thomas Williams

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

14. Maiden name Caroline?

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

16. (a) Informant Mrs. Crawford Bennett

(b) Address 2102 Dewey Avenue City

17. (a) Burial (b) Date thereof 6-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Wm. H. Alexander

(b) Address St. Joseph, Mo.

19. (a) June 5, 1947 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 47 hour 7:30 minute 0 A. M.

21. I hereby certify that I attended the deceased from _____, 1944, to June 2, 1947
that I last saw him alive on June 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis
Duration 30 min
839

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Wm. H. Alexander (M. D. or _____)
Address St. Joseph, Mo. Date signed 6/5/47



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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed..... *Wm H. Alexander*

Licensed Embalmer No. *4450*

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.