

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26121

State File No. _____

FILED AUG 22 1949

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 882

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST JOSEPH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST JOSEPH</u>	
c. LENGTH OF STAY (in this place) <u>80 YEAR</u>		d. STREET ADDRESS (If rural, give location) <u>1204 N 9</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>E</u> c. (Last) <u>BENNETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 8 49</u>
5. SEX <u>FEM</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify?) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>APRIL 4 1860</u>
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>FONDULAC WIS.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>←</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>EDWARD W. BENNETT</u>		13b. MOTHER'S MAIDEN NAME <u>MARY A MCDONOUGH</u>	14. NAME OF HUSBAND OR WIFE <u>← NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>nd</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. Th. Bennett</u> ADDRESS <u>St Joseph</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>Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> <u>10 yrs +</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>←</u> II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) <u>Senile deterioration</u> <u>5 yrs</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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>Nov 15</u> , 19 <u>48</u> , to <u>8-8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-6</u> , 19 <u>49</u> , and that death occurred at <u>6:12 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Caroline M. D., State Hospital #2 St Joseph</u>		23b. ADDRESS <u>State Hospital #2 St Joseph</u>	
23c. DATE SIGNED <u>8-8-1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 10, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT OLIVET</u>		24d. LOCATION (City/town, or county) (State) <u>ST JOSEPH MO.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 16, 1949</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u> 382	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Barry</u>		ADDRESS <u>224 So 10</u>	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Victor Barry

Signed _____
Student Embalmer

Licensed Embalmer No. 4212

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.