

DEC 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37671

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>1227</u>
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) life		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1002 N. 3rd St.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Henry c. (Last) Bennett		4. DATE OF DEATH (Month) (Day) (Year) November 18, 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 17, 1889	
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pharmacist		10b. KIND OF BUSINESS OR INDUSTRY drug store		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Bennett		
13b. MOTHER'S MAIDEN NAME Amelia Bergman		14. NAME OF HUSBAND OR WIFE Sadie May		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sadie Bennett, 1002 N. 3rd, St. Joseph,
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) arterio sclerosis & hypertension		INTERVAL BETWEEN ONSET AND DEATH ? minutes 8 1/2 yrs 8 1/2 yrs
19a. DATE OF OPERATION		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) 4201
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 8/25, 1944 , to 11/18, 1952 , that I last saw the deceased alive on 11/15, 1952 , and that death occurred at 10:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE G. T. Bloomer		23b. ADDRESS (Degree or title) m. 10 St. Joseph, Mo.		23c. DATE SIGNED 8/21/52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/21/1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) St. Joseph Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 495 W. Heston Bowman Funeral Home St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. Nov. 28, 1952		REGISTRAR'S SIGNATURE Carl C. Casper		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 9 1953

APR 25 1960

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So. 10th St. Joplin, 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.