

FILED MAR 11 1940

Registration District No. _____ Primary Registration District No. **1001**

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:
721 N. 10th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

8. (a) PRINT FULL NAME BYRON A. BENNETT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or 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

7. Birth date of deceased Dec. 31st. 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>11</u>	hr. _____ min.

9. Birthplace On Ship coming to this country
(City, town, or county) (State or foreign country)

10. Usual occupation clerk

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 1
13. Birthplace France 1
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace France 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. C. Hickerson
(b) Address 721 N. 10th St. Joseph, Mo.

17. (a) Burial (b) Date thereof Feb. 15th. 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address 1946 Calhoun St. Joseph, Mo.

19. (a) Feb. 15, 1940 (b) A. J. Westberry
(Date received local registrar) (Registrar's signature)

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. 721 N. 10th.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th.
year 1940 hour 2? minute 30 P.M.

21. I hereby certify that I viewed the deceased from Feb 13th 1940 to _____ 19____
that I last saw ##### _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

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 E. W. Tadlock Coroner (M. D. or other) 4
Address King Hill Bldg Date signed 2/15/40

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

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

11
5
7

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 C. H. Swaney

Licensed Embalmer No. 4082

P. O. Address Dr Joseph

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, above space should be left blank.