

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19573 17275
State File No.

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 519

1. PLACE OF DEATH:
 (a) County BUCHANAN
 (b) City or town ST. JOSEPH
 (c) Name of hospital or institution: STATE HOSPITAL No. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mo. 1 day
 In this community 30 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Buchanan
 (c) City or town St. Joseph
 (d) Street No. 2319 So. 15th St.
 (e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME HENRY HOBSON BENNETT
 (b) If veteran, name war none
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 12
 year 1941 hour 6 minute 25 A.M.

4. Sex M O
 5. Color or race W
 6. (a) Single, widowed, married, divorced D S
 (b) Name of husband or wife (Maiden Name) Gladys Schoenwetter
 7. Birth date of deceased Oct. 21 1900
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 12 1941, to May 12 1941;
 that I last saw him alive on May 11 1941;
 and that death occurred on the date and hour stated above.

8. AGE: Years 40 Months 6 Days 21
 If less than one day hr. min.

Immediate cause of death Acute Pyelonephritis 1 mo.
 Due to General Paralysis of the insensate 8 mo.

9. Birthplace Horton Kansas
 10. Usual occupation Manager of Shooting Gallery

Other conditions Psychosis
 Secondary Anemia - Queen of Heaven
 Major findings: Of operations
 Of autopsy

MOTHER FATHER
 12. Name William Bennett
 13. Birthplace Wilkesbarre Penna.
 14. Maiden name Catherine King
 15. Birthplace Palmyra Mo.

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

16. (a) Informant Hospital Records
 (b) Address State Hosp. #2 St Joseph Mo
 17. (a) Burial (b) Date thereof 5-14-41
 (c) Place: burial or cremation Memorial Park Cemetery

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)

18. (a) Signature of funeral director Fleeman
 (b) Address 1946 College St.
 19. (a) May 14-1941 (b) H. H. Matthews
 (Date received local registrar) (Registrar's signature)

23. Signature Bennett, H. J. M. D.
 Address State Hosp. #2 St. Joseph Mo. Date signed 5-12-41

WRITE PLAINLY—USE 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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Carl W. Haus

Licensed Embalmer No. _____

9955

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.