

STANDARD CERTIFICATE OF DEATH

19578

State File No.

1-7281

85

Registration District No.

Primary Registration District No. 1001

Registrar's No.

524

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:
1111 N. 2nd.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 80 Years
years, months or days)

3. (a) PRINT FULL NAME AMELIA BENNETT

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (d) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Bennett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 12, 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>9</u>	<u>3</u>	hr. _____ min.

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Home

12. Name Fred Bergman

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Dannenberg

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G.H. Bennett

(b) Address 1002 N. 3rd. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 5--19--41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph Mo.

19. (a) May 17, 1941 (b) [Signature]
(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. 1111 N. 2nd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
 year 1941 hour 5 minute 15 p.-a.m.

21. I hereby certify that I attended the deceased from March 18, 1941 to May 15, 1941; that I last saw her alive on May 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease
Primary Carcinoma of Spleen

Due to _____
 Other conditions (Includes pregnancy within 3 months of death) 558

Major findings: Of operations _____
 Of autopsy _____

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? _____ (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) D.M.P.
 Address St. Joseph Mo. Date signed May 17, 1941

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

MOTHER FATHER

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, me

....., Registered Apprentice No.

working under my personal supervision.

Signed: Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address: St. 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, fact should be so stated above.