Register of Wills and Clerk of the Orphans' Court Division
of the Court of Common Pleas
of Berks County, Pennsylvania

Certification of Death

I, Larry Medaglia, Clerk of the Orphans' Court of Berks County, Pennsylvania, do hereby certify that

Mrs. Benneville Machemer , age 82 , a Housewife ,

died on 8/25/1903 at Harrisburg ,

Berks County, Pennsylvania of Old Age .

Deceased was buried on 8/29/1903 at St. Michaels ,

Deceased's marital status: Widow ,

Parents names George Seaman ,

As recorded on April 03, 1904
in Berks County Register of Deaths
Vol. 1 , Page 242 , Line 5

Larry Medaglia
Clerk of the Orphans' Court

Witness my hand this 19th
day of July . 2021

Susan M. Ryan
Asst. Clerk of the Orphans' Court

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH

VITAL RECORDS

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH.

Certification of Birth

Date of Birth: **JUNE 02, 1940**

State File Number: **077599-1940**

Date Issued: **JULY 08, 2021**

Date Filed: **JUNE 07, 1940**

Name: **JOSEPH JAMES PETE**

Sex: **MALE**

Place of Birth: **LEBANON COUNTY**
LEBANON, PENNSYLVANIA

Parent: **PAULINE JOSEPHINE LODDO**

Age: **26**
Place of Birth: **NEW YORK CITY NEW YORK**

Parent: **PETER JOHN PETE**

Age: **26**
Place of Birth: **LEBANON PENNSYLVANIA**

HOLD TO LIGHT TO VERIFY WATERMARK

HOLD TO LIGHT TO VERIFY WATERMARK

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

Audrey C. Marrocco

Audrey C. Marrocco
State Registrar

COMMONWEALTH OF PENNSYLVANIA ★ DEPARTMENT OF HEALTH ★

THE DOCUMENT FACE CONTAINS A YELLOW BACKGROUND AND EMBOSSED SEAL.
THE BACK CONTAINS SPECIAL LINES WITH TEXT.

H105.105.1D Rev. (03/2020)

WARNING: THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER
DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

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DETACH HERE **TEAR AT THIS PERFORATION** **DETACH HERE**

CASSANDRA PETE
10801 S INTERSTATE 35 APT 443
AUSTIN, TEXAS 78747

Order Number: **20210637784**

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH

VITAL RECORDS

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH.

Certification of Birth

Date of Birth: **APRIL 21, 1945**

State File Number: **049299-1945**

Date Issued: **JULY 08, 2021**

Date Filed: **APRIL 29, 1945**

Name: **ANN FRANCES KIRKWOOD**

Sex: **FEMALE**

Place of Birth: **LEBANON COUNTY**
LEBANON, PENNSYLVANIA

Parent: **MARY FRANCES ZENGERLE**

Age: **24**
Place of Birth: **STILLWATER ILLINOIS**

Parent: **ROBERT WILLIAM KIRKWOOD**

Age: **26**
Place of Birth: **LEBANON PENNSYLVANIA**

HOLD TO LIGHT TO VERIFY WATERMARK

HOLD TO LIGHT TO VERIFY WATERMARK

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

Audrey C. Marrocco

Audrey C. Marrocco
State Registrar

COMMONWEALTH OF PENNSYLVANIA ★ DEPARTMENT OF HEALTH ★

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Audrey C. Marrocco

Audrey C. Marrocco
State Registrar

11138738
No.

July 7, 2021
Date

HVS—20143 Rev. 11-68
LOCAL REG. NO. 517
PRIMARY DIST. NO. 38001-355

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

90005 72

1. DEATH OCCURRED IN: a. County: Lebanon; b. City or borough: Lebanon
c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number):
d. Full Name of Hospital or institution (if not in hospital, give street address): 139 Cumberland St.

2. DECEASED'S MAILING ADDRESS: a. Street address, R. D., or Box Number: 139 Cumberland St.
b. Post Office, State and Zip Code: Lebanon, Pa. 17042

3. VETERAN: Yes ☐ No ☐
a. Which War: b. Serial No.:

4. NAME OF DECEASED (Type or print): a. (First) Emeline; b. (Middle) G.; c. (Last) Kirkwood

5. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 1972

6. WHERE DID DECEASED ACTUALLY LIVE? a. State Penna. b. County Lebanon
c. Did deceased live in a township? ☐ Yes, deceased lived in _____ township. ☒ No, deceased lived within actual limits of Lebanon city or borough.

7. SEX: F
8. RACE: W
9. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
10. DATE OF BIRTH: 12/14/1890
11. AGE (In years last birthday): 81
If under 1 year: Months / Days
If under 24 hours: Hours / Min.

12. USUAL OCCUPATION (even if retired): House Duties
13. SOCIAL SECURITY NO.: 175-05-7045B
14. BIRTHPLACE (State or foreign country): Lebanon, Pa.
15. CITIZEN OF WHAT COUNTRY? USA

16. FULL NAME OF SPOUSE: John W. Kirkwood
17. MOTHER'S MAIDEN NAME: Annie Loraw Pa.

18. FATHER'S NAME: William Buser
19. INFORMANT'S NAME, ADDRESS AND ZIP CODE: John W. Kirkwood, 139 Cumberland St., Lebanon

MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).

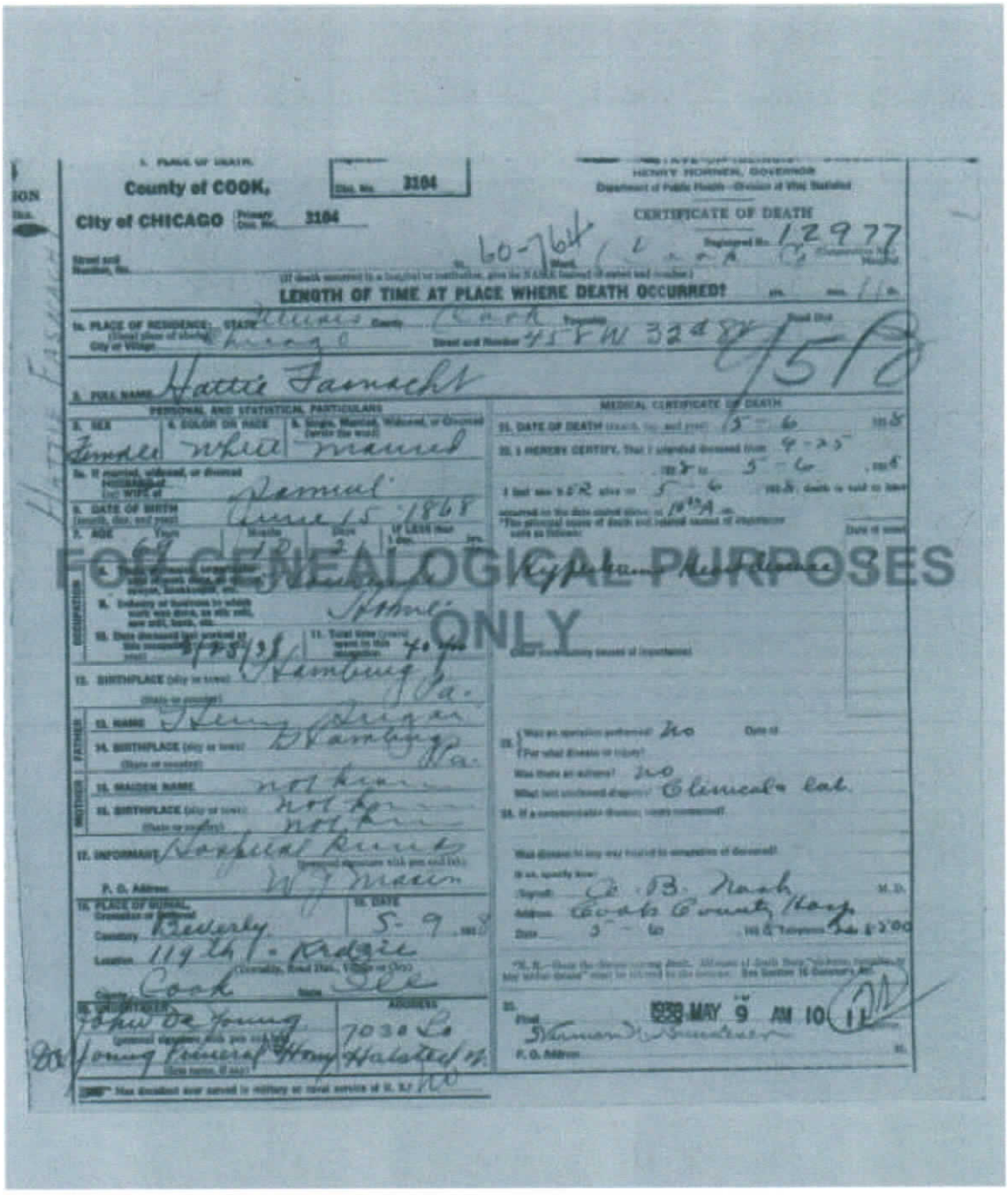
		INTERVAL BETWEEN ONSET AND DEATH
PART I. Death was caused by: IMMEDIATE CAUSE (a)	Cerebral Thrombosis	3 wks
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis	years
DUE TO (c)	Renal Failure	4 weeks
PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)		21. WAS AUTOPSY PERFORMED Yes ☐ No ☐

22. a. ACCIDENT Yes ☐ No ☐
22. b. DESCRIBE HOW ACCIDENT OCCURRED
22. c. TIME OF ACCIDENT Hour m. E.S.T. Month Day Year
22. d. ACCIDENT OCCURRED While at work ☐ Not while at work ☐
22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.)
22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at 12:20 p.m., E.S.T.
a. Signature M. D. or D. O. b. Address 940 Cumb. St. Leb. Pa. c. Date signed 9/25/72

24. a. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24. b. DATE 9/26/1972
24. c. NAME OF CEMETERY OR CREMATORY: Mt. Lebanon Cemetery
24. d. LOCATION (City, Boro., Twp., & County) (State): Lebanon, Lebanon Co., Pa.

25. DATE REC'D BY REG. 9-25-1972
26. REGISTRAR'S SIGNATURE: Dorothy M. Hoffelfinger
27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR: Rohland Funeral Home, Inc. Lebanon, Pa.
Robert C. Rohland



1. PLACE OF DEATH.
County of COOK,
City of CHICAGO
Dist. No. 3104
Primary Dist. No. 3104
HENRY HORNER, GOVERNOR
Department of Public Health—Division of Vital Statistics
CERTIFICATE OF DEATH
Registered No. 12977
60-764
Street and Number
If death occurred in a hospital or institution, give its NAME instead of street and number.
LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED?
1a. PLACE OF RESIDENCE: STATE Illinois County Cook Township
City or Village Chicago Street and Number 45 FW 32nd St
2. FULL NAME Hattie Fasnacht
PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married
6a. If married, widowed, or divorced HUSBAND (or) WIFE of Samuel
6. DATE OF BIRTH (month, day, and year) June 15 1868
7. AGE Years 64 Months 10 Days 2 If LESS than 1 day, hrs. min.
8. (a) Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. None
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.
(c) Date deceased last worked at this occupation 5/25/35
11. Total time spent in this occupation 70 yrs
12. BIRTHPLACE (city or town) Hamburg (State or country) Pa.
13. NAME OF FATHER Henry Brigan
14. BIRTHPLACE (city or town) Hamburg (State or country) Pa.
15. MAIDEN NAME OF MOTHER not known
16. BIRTHPLACE (city or town) not known (State or country)
17. INFORMANT Hospital Records (personal signature with pen and ink)
P. O. Address W. J. Mason
18. PLACE OF BURIAL, Cremation or Removal Cemetery Beverly Location 119th & Kedzie (Cemetery, Road Dist., Village or City) County Cook State Ill.
19. UNDERTAKER John A. Young (personal signature with pen and ink) Young Funeral Home
ADDRESS 7030 S. Halsted St.
20. Has deceased ever served in military or naval service of U. S.? No
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day, and year) May 6 1935
22. I HEREBY CERTIFY, That I attended deceased from April 25 1935 to May 6 1935, that I last saw h 52 alive on May 6 1935, death is said to have occurred on the date stated above, at 10:15 A.M.
*The principal cause of death and related causes of importance were as follows:
Date of onset
Myocarditis Chronic Nephritis
Other contributory causes of importance:
23. Was an operation performed? No Date of
(For what disease or injury?
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Lab.
24. If a contagious disease, name communicated.
Was disease in any way related to occupation of deceased?
If so, specify how:
Signed C. B. Nash M. D.
Address Cook County Hosp.
Date May 6 1935
25. Filed MAY 9 1935 AM 10
Registrar
P. O. Address