



**Sœur Hermandine**

**HENRIETTA MARY BESNER**

**1894-1998**

**Congrégation des Sœurs de la Providence, É.-U.**  
Entrée le 4 juillet 1911 à 17 ans

Henrietta Mary Besner

87 ans de vie religieuse

Appelée aussi **Marie Henriette Besner**

Née le 19 juin 1894 à Saginaw, Michigan, USA

Décédée le 25 janvier 1998 à l'âge de 104 ans en Indiana, USA  
Inhumée au cimetière de la communauté à St. Mary, Vigo, Indiana

La branche américaine des SOEURS DE LA PROVIDENCE a été fondée le 22 octobre 1840 à Saint-Mary-of-the-Woods, Indiana par la Bienheureuse Mère Théodore Guérin et un groupe de cinq Sœurs de la Providence de Ruille-sur-Loir, France. Elles sont venues s'établir à St-Mary-of-the-Woods (Ste-Marie-des-bois), en Indiana à la demande de l'évêque de Vincennes pour enseigner aux enfants des défricheurs canadiens français de cette région de la rivière Wabash.

Parents : **Ferdinand Besner** est fils de Benjamin Besner et d'Elmire Lalonde de la Lignée des Besner dits "Pascal"; né à Coteau-du-Lac le 16 août 1855; décédé à Saginaw le 15 avril 1940; mariage le 15 juin 1879 avec **Harriet Levac (La Veck)**, fille de François Levac et Justine Renaud, née à Coteau-du-Lac en 1857, décédée à Saginaw, MI en novembre 1945 à l'âge de 88 ans. Après 7 enfants et une vie maritale de 46 ans, Harriet a obtenu le divorce au Michigan en 1925.

Ascendance patrilinéaire : **Ferdinand Besner et Henriette Levac** / Benjamin Besner et Elmire Lalonde/  
Henrietta Mary Besner Pascal Besner et Marie Bériault / Jacques Besner et Angélique Poirier /  
Jean 1<sup>er</sup> Bézanaire et Marie-Anne Gruzelin en 1760

Ascendance matrilinéaire : **Henriette Levac et Ferdinand Besner** / Justine Renaud et François Levac/  
Henrietta Mary Besner Louise Ménard et Joseph Renaud/ Marguerite Chevrier et Jean-Baptiste Ménard  
Ascendance utérine Madeleine Cholette et Joseph Chevrier/ Marie-Anne Faucher et Jean-Baptiste Cholette  
Madeleine Paré et Louis-Martin Foucher/Marguerite Picard et Jean Paré/  
Anne-Antoinette Liercourt et Jacques-Hugues Picard en 1660



Sœur Hermandine le jour de ses 100 ans

Durant les années qu'elle se dévoua comme éducatrice, elle enseigna dans des écoles tenues par sa communauté religieuse en Indiana et en Illinois. Étant profondément dévote et très compétente comme directrice, elle recevait les jeunes Sœurs au noviciat. Elle leur inculqua les rudiments de l'enseignement tout en les accompagnant dans le cheminement de leur vocation.

Ses années à la retraite à St-Mary's ne lui laissaient pas beaucoup de loisirs. Elle s'est dévouée à la communauté en infirmerie et en pharmacie.



Name:	Sister Hermandine (Henrietta Mary) Besner
Gender:	Female
Race:	White
Age:	103
Marital status:	Single
Birth Date:	19 Jun 1894
Birth Place:	Saginaw, Michigan
Death Date:	25 Jan 1998
Death Place:	St. Mary, Vigo, Indiana, USA
Father:	Ferdinand Besner
Mother:	Harriet Besner

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

003077

Local No. 132

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-18-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (Print Middle Last) Sister Hermantine (Henrietta Mary) Beamer		2 SEX female	3a TIME OF DEATH 1:15 P <sub>m</sub>	3b DATE OF DEATH (Month Day Year) January 25, 1998
4a AGE—Last Birthday (Month Day Year) 103		4b UNDER 1 YEAR Months Days	4c UNDER 1 DAY Hours Minutes	5 DATE OF BIRTH (Month Day Year) June 19, 1894
6a WAS DECEDENT A U.S. VETERAN? no		6b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		7 BIRTHPLACE (City and State or Foreign Country) Saginaw, Michigan
8 FACILITY NAME (if not available, give street and number) Lourdes Hall		9 HOSPITAL <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> POA		10 PLACE OF DEATH (Do not use "see residence") OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify): Community Health Care Facility
11 SURVIVING SPOUSE (if wife, give maiden name) none		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) teacher		12b KIND OF BUSINESS/INDUSTRY religious community
13a MARRITAL STATUS (Specify) single	13b COUNTY Vigo	13c CITY/TOWN OR LOCATION St. Mary of the Woods	13d STREET AND NUMBER Lourdes Hall	
14a ZIP CODE 47876	14b RESIDENCE—STATE Indiana	14c COUNTY Vigo	14d CITY/TOWN OR LOCATION St. Mary of the Woods	14e STREET AND NUMBER Lourdes Hall
15a FATHER'S NAME (Print Middle Last) Ferdinand Beamer	15b MOTHER'S NAME (Print Middle Maiden Surname) Harriet La Veck	16 RACE—American Indian, Black, White, etc. (Specify) white	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-11) College (1-4 or 5+) 4	
18 INFORMANT'S NAME (Type/Print) Sisters of Providence		19a MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Providence Hall, St. Mary of the Woods, IN 47876		19b Relationship religious congreg.
20a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 28, 1998 Sisters of Providence Cemetery		20c LOCATION—City or Town, State St. Mary of the Woods, IN
21a EMBALMER'S NAME Bradley R. Cramer		21b EMBALMER'S LICENSE NO. FDO8800060	22 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
23a SIGNATURE OF FUNERAL DIRECTOR <i>Jason Bowdley</i>		23b LICENSE NUMBER (of License) PD29300100	23c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME The Callahan Funeral Home FH3006601 2425 Wabash Ave., Terre Haute, IN 47807	
24 PART 1: Enter the diseases, injuries, or conditions that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiac arrhythmia				
X DUE TO (OR AS A CONSEQUENCE OF) Atherosclerosis				
DUE TO (OR AS A CONSEQUENCE OF)				
DUE TO (OR AS A CONSEQUENCE OF)				
PART 2: Other significant conditions - Conditions contributing to death but not previously stated in Part 1				
25 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? no		26 WAS AN AUTOPSY PERFORMED? no		27 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? N/A
28a CERTIFIER (Name and Title) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated.				
28b SIGNATURE AND TITLE OF CERTIFIER <i>Randall S. Stevens MD</i>		28c MEDICAL LICENSE NO. 01026411	28d DATE SIGNED (Month Day Year) 2/1/98	
29 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Brian Cox, MD 1513 North Center, Terre Haute, IN 47804				
30 HEALTH OFFICER'S SIGNATURE <i>T. B. ...</i>				31 DATE FILED (Month Day Year) FEB 4 1998
32a MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		32b DATE OF INJURY (Month Day Year)	32c TIME OF INJURY	32d INJURY AT WORK? (Yes or no)
32e DESCRIBE HOW INJURY OCCURRED		32f PLACE OF INJURY—(If home, farm, street, factory, office, building, etc. (Specify))		
32g LOCATION (Street and Number or Rural Route Number, City or Town, State)		32h DATE PRODUCE/DEAD (Month Day Year)		
32i MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				

SDH06-004 State Form 10110 (R4/3-93) Deathcert/PD 1