

APR 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9390
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 5311 Oak St St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5311 Oak St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effie W. Berger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-4-1889
 7. AGE YEARS 49 MONTHS 7 DAYS 1 If LESS than 1 day,hrs. ormin.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Physician
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Franklin (STATE OR COUNTRY) Iowa

FATHER
 13. NAME Henry David Berger
 14. BIRTHPLACE (CITY OR TOWN) Franklin (STATE OR COUNTRY) Iowa

MOTHER
 15. MAIDEN NAME Lena Schone
 16. BIRTHPLACE (CITY OR TOWN) Franklin (STATE OR COUNTRY) Iowa

17. INFORMANT Mrs. Effie Berger (ADDRESS) 5311 Oak St. R. 1002, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Edenwood DATE 3-15-1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure Co. (ADDRESS) Kansas City, Mo.

20. FILED March 39 M. M. Crows Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-1939

I HEREBY CERTIFY That I attended deceased from Nov. 15 to Feb 5, 1939

I last saw him alive on Feb 5, 1939 Death is said to have occurred on the date stated above, at 2 A m.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

Other contributory causes of importance:

Name of operation Medical Autopsy Date 3-15-39
 What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. R. Crows M. D.
 (Address) 1114 1/2 E. 10th St. Kansas City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PROFF: BLD

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.....

Licensed Embalmer No.....

P. O. Address.....

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.