

REC'D APR 21 1939

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

11158  
Do not use this space.

1. PLACE OF DEATH  
(a) County Jasper Registration District No. 411  
(b) Township Jasper Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
(c) City Jasper (d) Street No. 220 Brownell 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 253 yrs. 0 mos. 0 ds. (How long in U. S., if of foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME Bertha Pearl Mackinder  
(a) Residence, No. 220 Brownell 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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 6 7

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER  
13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER  
15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT John MacKINDER (ADDRESS) 220 Brownell

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 3/21/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Springfield Co  
Jessie Mae

20. FILED 3-20-39 Ed D. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18-39

22. I HEREBY CERTIFY, That I attended deceased from 8-10 1938, to 12-27, 1938

I last saw her alive on 12-27 1938 Death is said to have occurred on the date stated above, 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

General Carcinomatosis from carcinoma arising from right cranium. History 2 yrs

Other contributory causes of importance: \_\_\_\_\_

Name of operation Exploratory Date of 8-13-38

What test confirmed diagnosis? Explanatory Was there an autopsy? \_\_\_\_\_

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) B. E. J. Jones, M. D.

(Address) Joplin 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.

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RECEIVED

District Health Officer No. 6,

District File Number 6-39-854

Date Filed APR 12 1939

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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 Steve D. Parker

Licensed Embalmer No. 2348

P. O. Address Gylin

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.