

REC'D MAY 10 1939

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

13942

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1007
 (c) City Jackson City (d) Street No. Joseph Hospital Registered No. 1696 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 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

330 Mrs Bertha Bayer Smith
 (a) Residence, No. 3050 Harrison 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 5

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. at Home
 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) Smithland IowaFATHER 13. NAME Thos. J. Kumbough14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknownMOTHER 15. MAIDEN NAME Miria Connet16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (NAME) (ADDRESS) Mrs Vera Silence 3050 Harrison18. BURIAL, CREMATION, OR REMOVAL PLACE Nemaha Mo. DATE April 23, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Newcomer Lane Brushcreek + Passes20. FILED Apr 23, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jackson, 1939, to Apr 22, 1939.
 I last saw her alive on Apr 22, 1939. Death is said to have occurred on the date stated above, at 4:40 P.M.

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

Cerebral Apoplexy Date of onset

Other contributory causes of importance:
Carcinoma of (Breast)
Hypertension

Name of operation Date of
 What test and used diagnosis? Autopsy 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) Thos. J. Kumbough M. D.
 (Address) 214 W. Swan Bldg

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

C. Hervey Quisenberry

Licensed Embalmer No. *4070*

P. O. Address *Kansas City, Mo.*

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.

St. Joseph, Mo.