DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38460

DEC 11 1939

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4224

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ORVILLE APTS. 1116 EAST-9TH APT 114 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 25 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")

(d) Street No. 1116 - EAST - 9TH STREET (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME MRS. BERTHA L. HOLLAND

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILL H. HOLLAND

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased DECEMBER-31-1873 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	10	2	hr. min.

9. Birthplace BROOKPORT (City, town, or county) NEW YORK (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JACOB BIGERT
13. Birthplace (City, town, or county) SWITZERLAND (State or foreign country)

MOTHER
14. Maiden name ELIZABETH KADERLI
15. Birthplace (City, town, or county) SWITZERLAND (State or foreign country)

16. (a) Informant's own signature Will H. Holland

(b) Address 1116 - EAST - 9TH STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-4-1939 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) Nov. 4 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV- day 2ND year 1939 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov 2-1939, 19.., to Nov 2, 1939; that I last saw her alive on Nov 2-, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature H Chipp (M. D. or other)

Address 710 Prof Bldg Date signed 11/3/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19511

Dr. Herb. S Valentine
1124 Prof.

710 Professional Bldg.
11:30-11:50; 2-5

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.