

42321

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1002

State File No. _____

4730

Registration District No. 399 *St. J.*

Primary Registration District No. _____

Registrar's No. _____

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:
18 E. 57th Street
(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)

In this community 45 years

3. (a) PRINT FULL NAME Mrs. Priscilla Bennett Berg

3. (b) If veteran, name war - No

3. (c) Social Security No. - No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Flory A. Berg

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb. 7, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>10</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Mechanicsburg, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Edward W. Bennett

13. Birthplace Springfield Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Tullenwider

15. Birthplace Mechanicsburg, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Flory A. Berg

(b) Address 18 E. 57th Street

17. (a) Removal (b) Date thereof Dec. 15, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salina, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 W. 42nd St., K. C., Mo.

19. (a) Dec. 14, 1939 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

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. 18 E. 57th Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13,
year 1939 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 11-24, 1939, to 11-24, 1939,
that I last saw h. alive on 12-13, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the breast 8 mos
metastatic

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Carcinoma of breast

Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature W. J. Skubny (M. D. or other) _____
Address 1103 Grand Date signed 12/14/39

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.

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

Elmer C. Medlin

Licensed Embalmer No.

3495

P. O. Address

H. E. 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.