1841

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

8480
Do not use this space.

1. PLACE OF DEATH
(a) County Vernon — Registration District No. 875
(b) Township Washington — Primary Registration District No. 6162 — Registered No. 36
(c) or City Nevada — (d) Street No. St Hospital #3 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 563 BERTHA Kennard 14 11 35
(a) Residence, No. NEOSHO, MO St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown Kennard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 11, 1887
7. AGE: YEARS 52 — MONTHS 11 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

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. Unknown
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): Missouri 0

FATHER
13. NAME: J. M. Redford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER
15. MAIDEN NAME: Belle Cansey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

17. INFORMANT (ADDRESS): State Hospital No 3 Records, Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hamilton Mo. DATE 2/10 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Eichinger Funeral Home, Nevada Mo.

20. FILED Feb 10, 1940 Allen V. Hays, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 10th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 24th, 1939, to Feb 10th, 1940
I last saw her alive on Feb 10th, 1940. Death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance: Chronic Myocarditis

Name of operation: no — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy? no

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) G. S. Waraich, M. D.
(Address) State Hospital No 3, Nevada, Mo

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

V. S. No. 2
50M-9-19-38
I X16605

RECEIVED
District Health Officer No. 7.
District File Number 3-40-347
Date Filed 3-4-40

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 Mark Eechinger

Licensed Embalmer No. 2656

P. O. Address Nevada 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.