

Registration District No. 399

Primary Registration District No. 1002

2108

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:
4408 Wornall Road
(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 10 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Sophia Berkenbile 625
 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 Widow
 6. (b) Name of husband or wife Chris Berkenbile
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 28, 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>11</u>	<u>23</u>	_____hr. _____min.

9. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____
 12. Name Don't Know
 18. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Don't know
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ernest A. Allen
 (b) Address 4408 Wornall Road

17. (a) Burial (b) Date thereof May 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address 104 W. 42nd St., K.C., Mo.

19. (a) May 22, 1940 (b) M.M. Brown
(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. 4408 Wornall Road
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21,
 year 1940 hour 11 minute 2 M.

21. I hereby certify that I attended the deceased from Jan
 _____, 1937, to May 21, 1940
 that I last saw her alive on about May 1, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Central hemorrhage
 Duration 4 yrs.

Due to Hypertension of 20 10 yrs.

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 1

23. Signature E. Parsons (M. D. or other) 1

*Address Plaza and Bldg Date signed 5-22-40

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

MOTHER FATHER

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. Wadler

Licensed Embalmer No. 3495

P. O. Address N. 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.