

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2855

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: 2332 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not hospital case
Seen by visiting physician from hospital
In this community unknown
years, months or days

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. 2332 Benton Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 7-14-40, 19____, to 7-15-40, 19____;
that I last saw him alive on 7-14-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
OLD SPASTIC PARAPLEGIA

Duration

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy See above

PHYSICIAN

Underlines 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? 361
While at work? _____ (Specify type of place)
(e) Means of injury _____
28. Signature Dr. J. R. Brown (M. D. or other) _____
Address Med. Dir. N. C. Gen. Hospital Date signed _____

3. (a) PRINT FULL NAME HERMAN BERGMAN
3. (b) If veteran, name was unknown 3. (c) Social Security No. 625

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years approx 54 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business none

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Leo Bergman

(b) Address Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-40 (Month) (Day) (Year)

(c) Place: burial or cremation mt. Carmel

18. (a) Signature of funeral director H. H. Hageman

(b) Address 19 E. 7th

19. (a) July 17, 1940 (Date received local registrar) (b) M. W. Brown (Registrar's signature)

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

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
No. 10-12-7
at

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.....

Francis Walton....., Registered Apprentice No. 2744
working under my personal supervision.

Signed Francis Walton
Prof. J. A. Dugan
Licensed Embalmer No. 2744
P. O. Address J. C. No.

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.