

**NOV 12 1940**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**  
 (a) County \_\_\_\_\_  
 (b) City or town **Kansas City**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Mary's Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **4 days**  
 (Specify whether \_\_\_\_\_)  
 In this community **2 years**  
 (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. **39th & Roanoke Road**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Sister Mary Rosamond (Bersterman)**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **XX** 3. (c) Social Security No. **No**

20. DATE OF DEATH: Month **Oct.** day **2,**  
 year **1940** hour **11** minute **25** AM.

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Single**

21. I hereby certify that I attended the deceased from **9-27-1940** to **10-2-1940**  
 that I last saw ~~her~~ **her** alive on **10-2-1940**  
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive **XX** years

Immediate cause of death: **Senescent pneumonia** Duration \_\_\_\_\_

7. Birth date of deceased **March 9 1871**  
 (Month) (Day) (Year)

8. AGE: Years **69** Months **6** Days **23** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **Perforating duodenal ulcer**  
 Due to \_\_\_\_\_

9. Birthplace **St. Louis Mo.**  
 (City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) **117B**

10. Usual occupation **Retired Teacher**

11. Industry or business **Teacher**

12. Name **John Bersterman**

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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

14. Maiden name **Mary Roseman**

15. Birthplace **Kirkwood Mo.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mother Superior**

(b) Address **Loretto Academy**

17. (a) **Burial** (b) Date thereof **10-4-40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cem.**

18. (a) Signature of funeral director **J.W. Wagner**  
 (b) Address **Kansas City, Mo.**

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? \_\_\_\_\_

19. (a) **10-3-40** (b) **M. M. Brown**  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature **J. J. Boudreau** (M. D. or other)  
 Address **10-9-14-0** Date signed

Argyle

VI 3345

Till 5 P.M.

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**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 R. R. Haunschild

Licensed Embalmer No. 4159

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, fact should be so stated above.**