No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9747

Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 1156

8
3
8

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2948 East 28th Street.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City Mo. 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2948 East 28th Street.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Mrs. Clara BERNER.

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 Married

6. (b) Name of husband or wife Henry Berner

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased June (Month) 18th, (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
72	9	3	..... hr. ..... min.

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

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name Hirsch Enggas.
13. Birthplace ..... (City, town, or county) 4 Germany. (State or foreign country)

MOTHER
14. Maiden name Margaret Seekamp.
15. Birthplace ..... (City, town, or county) 4 Germany. (State or foreign country)

16. (a) Informant Mr. Henry Berner.
(b) Address 2948 East 28th Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park.

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) 3/21/1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from May 14, 1940, to Mar 21, 1941;
that I last saw her alive on Mar -21-, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paralysis of Respiratory Center	3 hrs
Due to Cerebral Hemorrhage	8 hrs
Due to Hypertension	12 yrs
Other conditions myocarditis (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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Clyde Switzer (M. D. or other)
Address 636 Argyle Bldg. Date signed 3-21-41

(Licensed Embalmer's Statement on Reverse Side)

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. 267 working under my personal supervision.

Signed .....

Licensed Embalmer No. 2991

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.