

No. 2
13-40
17-39
X23159

MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13699**
1680
Registrar's No. _____

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**
 (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: **Research Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 months**
 (Specify whether 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. **5514 Harrison**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULLNAME **Mrs. Bertha Emma Offutt**

3. (b) If veteran, name war **No** 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 **Roy T. Offutt** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **Feb. 19, 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	2	8	hr. _____ min.

9. Birthplace **Boyle County, Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **A+ home**

11. Industry or business _____

12. Name **Stephen A. Douglas** 13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy T. Offutt**

(b) Address **5514 Harrison**

17. (a) **Burial** (b) Date thereof **4-29-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **104 West 47th Street**

19. (a) **Apr 28 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **27**
 year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **3-10**, 19**41**, to **4-27**, 19**41**;
that I last saw him alive on **4-27-41**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage with tracked subdural**
 Due to **45%**
 Due to **45%**
 Other conditions **45%**
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 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 _____

23. Signature **Imple Search** (M. D. or other) _____
Address **924 1/2 S. 1st St. Kansas City** Date signed **4/28/41**

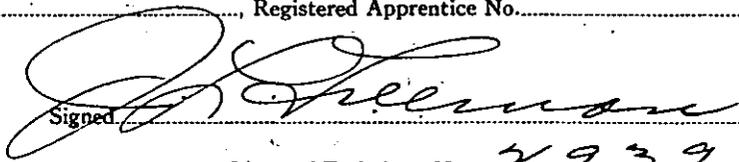
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Bensch
Prof. Bensch
12:00 to 5:00

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 

Licensed Embalmer No. 4939

P. O. Address 70110

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.