

FILED FEB 15 1942

Registration District No. 57

Primary Registration District No. 1002

Registrar's No. 343

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:  
Menorah Hospital  
(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 20 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 18 W. Concord  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Martha E. Berlin

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, Widowed

6. (b) Name of husband or wife William E. Berlin 6. (c) Age of husband or wife if alive. --- years

7. Birth date of deceased September 27 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	3	29	.....hr.....min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Theodore Burge

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

14. Maiden name Amy Doughty

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

16. (a) Informant Mrs. Thomas D. Miller

(b) Address 18 W. Concord

17. (a) Burial (b) Date thereof 1-27-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 1-26-42 (b) M. M. Crowl  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th  
year 1942 hour 1:10 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 21, 1941, to January 26, 1942  
that I last saw him alive on January 26, 1942  
and that death occurred on the date and hour stated above

Immediate cause of death Cardiac and Respiratory failure

Due to Encephalomalacia Generalized arteriosclerosis

Due to None

Other conditions None  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations.....

Of autopsy.....

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 Thos D Miller (M. D.)  
Address 1306 Bryant Blvd Date signed 1-26-42

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

MOTHER FATHER

138  
9-25-11  
Wade Miller

**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 Chas C. Wideler  
Licensed Embalmer No. 3495  
P. O. Address Hannas City 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.**