

FILED FEB 11 1942

Registration District No. 399

Primary Registration District No. 1002

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: Trinity Lutheran Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999
(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")
(d) Street No. 4164 State Line 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
Dec. 31 1941 to Jan 1 1942
that I last saw him alive on Jan 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia Duration 1 day.

Due to
Due to
Other conditions: Birth Trauma 1 day.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no autopsy 1600
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? (c) Means of injury
23. Signature J. W. Brantley M.D. (M. D. or other)
Address 3706 Broadway Kansas City Mo Date signed 1/1-42

3. (a) PRINT FULL NAME Clarence Edward Berner

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased December 31, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Frank Berner

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

14. Maiden name Sarah Coleman

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

16. (a) Informant Frank Berner

(b) Address 4164 State Line, K.C.K.

17. (a) Burial (b) Date thereof 1/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James Hill Cem.

18. (a) Signature of funeral director States Funeral Home

(b) Address Kansas City, Kansas

19. (a) 1/3/42 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

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

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.....

Jimmy S. Hucks

Licensed Embalmer No. 4092

P. O. Address W.C. Kansas

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.