. No. 2
-4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5207

State File No. .....

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 924

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: St. Mary's Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours, (Specify whether
In this community 1 Day, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Michigan, (b) County 999
(c) City or town Sault Ste Marie, 20
(If outside city or town limits, write "RURAL") 0
(d) Street No. .....
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 years, 2 years.

3. (a) PRINT FULL NAME Mrs. Alice Margaret Bernard

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Frank Bernard, 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June (Month) 20 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	8	15	..... hr. ..... min.

9. Birthplace Canada, (City, town, or county) 2 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Duncan Wheeler,
13. Birthplace Canada, 2 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Canada, 2 (City, town, or county) (State or foreign country)

16. (a) Informant Frank Bernard,
(b) Address Sault Ste Marie, Michigan

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sault Ste Marie, Mich.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) 3-6-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1942 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from 3-5, 1942, to 3-5, 1942, that I last saw her alive on 3-5, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis with myocardial infarction	13 hours
Due to Generalized Arterio sclerosis	? years
Due to	
Other conditions Hypertensive Heart dis. (Include pregnancy within 3 months of death)	? years

Major findings:
Of operations 928
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 Hubert M Parker (M. D. ~~or other~~) U
Address 736 Argyle Date signed 3-5-42

(Licensed Embalmer's Statement on Reverse Side)

MAR 19 1947

Dr. H. M. Parker,
6837 Oak St.,
Hl 8725, We 9500

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K.C. Mo

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

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