

FILED OCT 20 1942
149

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3730

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution:
3718 Wayne Avenue
(d) Length of stay: In hospital or institution **7 Years**
In this community **7 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3718 Wayne Avenue**
(e) Citizen of foreign country? **No**
If yes, name country

3. (a) PRINT FULL NAME **David Hjalmar Minor Compere Bernhardt**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife

7. Birth date of deceased **June 30 1935**

8. AGE: Years **7** Months **3** Days **8** If less than one day

9. Birthplace **Kansas City Missouri**

10. Usual occupation **Student - 2nd Grade**

11. Industry or business **Faxon School**

12. Name **Harold E. Bernhardt, Sr.**

13. Birthplace **Sylvan Grove Kansas**

14. Maiden name **WIFE MRS Pipkin**

15. Birthplace **Mena Arkansas**

16. (a) Informant **Mr. Harold E. Bernhardt**

(b) Address **3718 Wayne Avenue**

17. (a) **Burial** (b) Date thereof **Oct. 10, 1942**

(c) Place: burial of **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer, Sr.**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **10-10-42** (b) **M. M. Crowe**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **8th** year **1942** hour **6** minutes **30 P. M.**

21. I hereby certify that I attended the deceased from **April first** 1942 to **Oct. 8** 1942 that I last saw him alive on **Oct. 8** 1942 and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis**
Due to **acute myocarditis**
Due to **measles Mar 21 '42**

Other conditions (Include pregnancy within 3 months of death) **g3a**

Major findings: Of operations

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

While at work? (Specify type of place)

23. Signature **Margaret Jones** (M.-D. or other) **D.O.**
Address **3739 Main, K.C., Mo.** Date signed **10-8-42**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD.

48
8139

48
3
8

Duration

7 mos
7 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address..... *K. C. 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.