. S. No. 2
0M—2-43
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I X35697

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

37155

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 3 1943

Registration District No. 84/9

Primary Registration District No. 1002

Registrar's No. 4740

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: 3881 EAST 61ST STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
In this community 30 yrs. (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. 3881 EAST 61ST STREET
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MR. ALFRED ROY BERG

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-01-0275

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. RAY A. BERG

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased DECEMBER 27, 1888 (Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 10 If less than one day ____ hr. ____ min.

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

10. Usual occupation ELECTRICIAN

11. Industry or business KANSAS CITY POWER & LIGHT CO

MOTHER FATHER

12. Name G. A. BERG

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

14. Maiden name BELLE BROWN

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

16. (a) Informant MRS. RAY A. BERG

(b) Address 3881 EAST 61ST STREET

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV. 9. 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Cem

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 11-9-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 7TH year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Oct 20, 1943, to Nov. 7, 1943, that I last saw him alive on Nov. 6 1943, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cardio Vascular disease

Due to with hypertension

Due to 9 3h

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

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 Gary E. Lilly (M. D. or other)

Address 107 Cowgill Bldg Date signed

KC Mo.

(Licensed Embalmer's Statement on Reverse Side)

Argyce Bldg

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 H C Newcomer Jr

Licensed Embalmer No. 4043

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.