S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37160

State File No.

ILED DEC 3 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4800

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 23rd & Broadway 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyadotte 999
(c) City or town Kansas City Kas. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1515 Ruby Ave 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME William C Berns.

3. (b) If veteran, name war no

3. (c) Social Security No. 709-14-9836

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Berns

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 8 (Month) / 8 (Day) / 83 (Year)

8. AGE: Years 60 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Buffalo (City, town, or county) N Y 1 (State or foreign country)

10. Usual occupation Locomotive Eng.

11. Industry or business Steam R.R.

FATHER
12. Name Fred C Berns
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) " (State or foreign country) 9

16. (a) Informant Fred W Berns
(b) Address 1515 Ruby Ave KCK

17. (a) Mem Park (Burial, cremation, or removal) (b) Date thereof 11/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park KCK

18. (a) Signature of funeral director Simmons Funeral Home
(b) Address 76 & 76

19. (a) 11-15-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-15 day 15
year 43 hour 8 minute 55 a M.

21. I hereby certify that I attended the deceased from Apr. 3, 1943, to Nov 15, 1943;
that I last saw him alive on Nov. 12, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	6 mos.
Due to Coronary sclerosis	
Due to — 94a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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 E S Miller (M. D. or other)
Address 1441 So 33rd Date signed 11-15-43

(Licensed Embalmer's Statement on Reverse Side) K.C.R.

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. Thos J. Steinfeld

Licensed Embalmer No. 3930

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.