

V. S. No. 2  
50M-5-42  
Rev. 5-17-39  
WI X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43934**

LED JAN 10 1944  
Registration District No. **238**

Primary Registration District No. **4501**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County **Stoddard**  
(b) City or town **Bloomfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**R. S. Davis Clinic**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Day** (Specify whether  
In this community **Years** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **103**  
(a) State **Missouri** (b) County **Stoddard**  
(c) City or town **Bloomfield, Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **BERTHA MAY KING**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Orley King** 6. (c) Age of husband or wife if alive **---** years  
7. Birth date of deceased **Dec. 24, 1908**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**34 11 26** **17** min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name **Chas. Workman**  
13. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Dot. Clary**  
15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Orley King**  
(b) Address **Bloomfield, Mo. Route # 1.**  
17. (a) **Burial** (b) Date thereof **Dec. 26-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Gravel Hill cemetery**  
18. (a) Signature of funeral director **Chiles Und. Co.**  
(b) Address **Bloomfield, Mo.**  
19. (a) **12-29-43** (b) **Earl E. Moore**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **20th**  
year **1943** hour **12:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **Dec. 19** 19**43** to **Dec. 20** 19**43**  
that I last saw **her** alive on **Dec. 20** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **SHOCK**  
Due to **PUERPERAL HEMORRHAGE**  
Due to **SUBINVOLUTION OF UTERUS**  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
14903

Duration  
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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **Dr. Lawrence** (M.D. or other)  
Address **Bloomfield, Mo.** Date signed **12/23/43**

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

RECEIVED

District Health Office No. 2,

District File Number 144-47

Date Filed 1-7-43

AUG 6 1943

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 Ivan G. Cooper, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed

*Ivan G. Cooper*

Licensed Embalmer No. 4119

P. O. Address Blomfield, 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.