

FILED JAN 25 1944

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Beechman
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6320 Belding Street
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution
abt 45 years. (Specify whether
in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Beechman
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 6320 Belding St.
(If rural, give location)
(e) Citizen of foreign country? W (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BERTHA-VIOLA-HENRY

3. (b) If veteran, name war W
3. (c) Social Security No. none

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

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 10 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 26
If less than one day hr. _____ min. _____

9. Birthplace Lincoln Neb
(City, town, or county) (State or foreign country)

10. Usual occupation Employer of Clothing

11. Industry or business offie work (Retired)

12. Name Walter Henry

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

14. Maiden name Edeba Hies

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

16. (a) Informant Mrs Clara Merner (Wife)

(b) Address 7221 So. Ridgeland Chicago

17. (a) B. (b) Date thereof Jan 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation buried in

18. (a) Signature of funeral director Stamer, Fun. Home

(b) Address St Joseph, Mo

19. (a) 1-8-44 (b) Wm Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1944 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from
Jan 4 1944 to Jan 6 1944
that I last saw h. W alive on Jan 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 4 da.

Due to Arthritis deformans 15 years

Due to Bedfast for 15 years

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature St Grant (M. D. or other)

Address St Joseph Mo Date signed 1-6-44

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

11
1
7

1944

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

John Ray Stoney

Licensed Embalmer No. *2435*

P. O. Address

St. Joseph 21

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.