

**FILED DEC 12 1944**

Registration District No. **12844**

Primary Registration District No. **3026**

Registrar's No. **315**

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

**1. PLACE OF DEATH:**

(a) County **JACKSON**

(b) City or town **INDEPENDENCE**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**905 W. MAPLE AVE.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **45 YEARS** (Specify whether years, months or days)

In this community..... **45 YEARS** (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **MRS. BERTHA M. SMITH**

**3. (b) If veteran, name war** **NO**

**3. (c) Social Security No.** **NO**

**4. Sex** **FEMALE**

**5. Color or race** **WHITE**

**6. (a) Single, widowed, married, divorced** **WIDOWED**

**6. (c) Age of husband or wife if alive** **14** years **1876** (Year)

**7. Birth date of deceased** **4** (Month) **14** (Day) **1876** (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>68</b>	<b>7</b>	<b>17</b>	hr. min.

**9. Birthplace** **PITTSBURGH** (City, town, or county) **PENN.** (State or foreign country)

**10. Usual occupation** **HOUSEKEEPER**

**11. Industry or business** **HOMEMAKING**

**12. Name** **JOHN G. MURDOCK**

**13. Birthplace** **PITTSBURGH** (City, town, or county) **PENN.** (State or foreign country)

**14. Maiden name** **MARIA B. PENROD**

**15. Birthplace** **SOMMERSET COUNTY** (City, town, or county) **PENN.** (State or foreign country)

**16. (a) Informant** **PAUL M. SMITH**

**(b) Address** **905 W. MAPLE AVE**

**17. (a) BURIAL** (Burial, cremation, or removal) **(b) Date thereof** **12 - 4 - 1944** (Month) (Day) (Year)

**(c) Place: burial or cremation** **MOUND GROVE**

**18. (a) Signature of funeral director** *Henry W. Stahl*

**(b) Address** **815 W. MAPLE AVE**

**19. (a) 12-1-1944** (Date received local registrar) **(b) James W. Ross** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **JACKSON** **49**

(c) City or town **INDEPENDENCE** **4**  
(If outside city or town limits, write "RURAL")

(d) Street No. **905 W. MAPLE AVE** **4**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Dec** day **1** year **1944** hour **8** minute **30** A. M.

**21. I hereby certify that I attended the deceased from** **Nov 27** 19 **44** to **Dec 1** 19 **44**  
that I last saw her alive on **Nov 27** 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart attack**  
**into the bowels**  
**Severe aneurism**

Due to.....  
Due to.....

Other conditions **Pericarditis**  
(Include pregnancy within 3 months of death)  
**Vegetation on aorta**

Major findings: **valves**  
Of operations.....

Of autopsy **above** **a/a**

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) **red**  
**wound**

(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)  
Means of injury **0**

**23. Signature** *John Green* (M, D, or other)  
Address..... Date signed **12-1-44**

Duration.....  
PHYSICIAN.....  
Underline the cause to which death should be charged statistically.

1165

FEB 16 1945

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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

*Henry W. Stahl*

Licensed Embalmer No.

*3181*

P. O. Address

*Independence 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.**