

FILED MAR 7, 1945
Registration District No. **1003**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**

(c) Name of hospital or institution: **3114 1/2 Main**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **19 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City** **48**
(If outside city or town limits, write "RURAL")

(d) Street No. **3114 1/2 Main** **3**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country **D**

3. (a) PRINT FULL NAME **Minnie Bergman**

3. (b) If veteran, name war _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **23**
year **1945** hour **11** minute **18 a** M.

21. I hereby certify that I attended the deceased from **1936**
19**36**, to **2-23**, 19**45**;

that I last saw h. **alive on** _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **wh**

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

6. (b) Name of husband or wife **Chester Bergman** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **July 28 1889**
(Month) (Day) (Year)

Immediate cause of death **Spread of Cancer**

Due to _____

Due to **Cancer of breast with metastases**

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years **55** Months **6** Days **25** If less than one day hr. _____ min. _____

9. Birthplace **Greenleaf Kansas**
(City, town or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Willis Cornbow**

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

14. Maiden name **Rebecca Gilmore**

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

Major findings: **50**

Of operations _____

Of autopsy _____

PHYSICIAN **50**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Chester Bergman**

(b) Address **3114 1/2 Main**

17. (a) **Burial** (b) Date thereof **Feb 26 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Wm C R Foster**

(b) Address **918 Broadway**

19. (a) **2-24-44** (b) **T. E. Brown (V.S.)**
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury _____

23. Signature **Wm C R Foster** (M. D. or other) _____

Address **490 Maple Bldg** Date signed **2-23-45**

Dr. David S. Dann

No 4790 Ha 4608

~~229 Woodbury~~

Argyle 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

J. W. Hennick

Licensed Embalmer No.

3599

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.