S. No. 2
M—2-43
5-17-39
I X35697

3710

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4686

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 249

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2741 Fairleigh Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Jasper 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Bertha Stansberry

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Harvey J. Stansberry

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

7. Birth date of deceased February 26, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	0	1	..... hr. ..... min.

9. Birthplace Jasper (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name John Weston
13. Birthplace unknown (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Louisa Wisher
15. Birthplace Decatur (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. R. E. Jones, Jr.
(b) Address 2741 Fairleigh Terrace

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/28/46 (Month) (Day) (Year)
(c) Place: burial or cremation Jasper, Mo.

18. (a) Signature of funeral director Vestor Bethole & Bowman
(b) Address St. Joseph, Mo.

19. (a) March 9-46 (Date received local registrar) (b) [signature] (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1946 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from Oct 22 1945, to Feb 27 1946
that I last saw her alive on Feb 27 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Asthma	unknown
Chr. Myocarditis	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 93d	

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 Maxwell Day (M. D. or other) 0

Address 218 N 7th Date signed 2/28/46

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1952

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 Frank A Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.