

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 6 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **1945**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Krestwood Conv. Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 weeks**
(Specify whether
In this community **42 years**
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Sarah Jane BERBERET**
3. (c) Social Security
name war **no** No. **none**

4. Sex **female** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife **Frank J. Berberet**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 2nd, 1864**
(Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days **23**
If less than one day _____ hr. _____ min.

9. Birthplace **Edina Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**
11. Industry or business **Home**

MOTHER FATHER
12. Name **John L. Beck**
13. Birthplace **Edina Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Fisher**
15. Birthplace **Edina Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Willard W. Berberet**
(b) Address **5319 Chesley Ave. Los Angeles Cal.**
17. (a) Burial **(b) Date thereof** **4-29-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**
(b) Address **1800 E. Linwood Blvd.**
19. (a) 4-27-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3611 E. 26th St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **25**
year **1946** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **JUNE 1942** to **APRIL 25 1946**
that I last saw her alive on **APRIL 25 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death: **ARTERIO-SCLEROTIC HEART DISEASE**
Due to **HYERTENSION**
Due to _____
Other conditions: **SENILITY**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Where did 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 **W. E. Douglas** (M. D. or other)
Address **315 Alameda St. K.C. Mo.** **Date signed** **4/27/46**

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

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

11946

Mr. Henry K. Remy
315, Alameda Rd.
Va. 6947

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, Edw E Hack

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.