

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED JUN 3 1946  
Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution Freeman Hospital  
(d) Length of stay: In hospital or institution 30 Days  
In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Nett City  
(d) Street No. R#1  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bertie Viola Deardorff  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 2  
year 1946 hour 2:30 minute P M.  
21. I hereby certify that I attended the deceased from 27 May 2 1946  
that I last saw her alive on 27 May 2 1946  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John R. Deardorff  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Oct 10 1880 (Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage  
Duration 3 days

8. AGE: Years 65 Months 6 Days 22 If less than one day hr. min.

Due to Hypertension  
Due to \_\_\_\_\_

9. Birthplace Granite City Ill. 1 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: none  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation House wife

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Charles F. Wells  
13. Birthplace Ill. 1 (City, town, or county) (State or foreign country)  
14. Maiden name Catherine Shout  
15. Birthplace Ind. 1 (City, town, or county) (State or foreign country)

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

16. (a) Informant John R. Deardorff  
(b) Address R#1 Nett City

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof May 4 1946 (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Oak Memorial Park

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 5/6/46

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Nett City, Mo.

19. (a) 5-11-46 (b) Ed James (Date received local registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

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

69821

46-5-409

JUN 4 1946

NOV 17 1950

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 myself,

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Well 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.