

FILED OCT 17 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 76 years (years, months or days)

3. (a) PRINT FULL NAME Alaetha Dye Berner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joe C. Berner
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 7 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 24
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name W. H. Dye
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Shelton
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Geraldine Biggs
(b) Address Shelbina, Missouri
17. (a) Burial (b) Date thereof Sept. 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Missouri

18. (a) Signature of funeral director E. Hayes
(b) Address Shelbina, Mo.
19. (a) Sept 28-46 (b) Keith J. J. J.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby / 82
(c) City or town Shelbina / 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1946 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Aug 30, 1946 to Sept 1, 1946
that I last saw him alive on Aug 31, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Nephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of date) 1942

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) 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) (e) Means of injury 13

23. Signature J. A. Furnish (M. D. or other)
Address Shelbina, Mo. Date signed Sept 28-46

RECEIVED
District Health Officer No. 10
District File Number 10-46-1826
Date Filed OCT 14 1946

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.....

Paul E. Hayes....., Registered Apprentice No. 417,
working under my personal supervision.

Signed E. Hayes.....

Licensed Embalmer No. 1437.....

P. O. Address.....

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.