

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39745

State File No.

FILED DEC 30 1946

Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 1413

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural #3, Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural #3, St. Joseph, Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
(Specify whether
In this community 59 years 3 months 14 days
years, months or days)

3. (a) PRINT FULL NAME Bertha Pauline Abersold

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Louis Herman Abersold
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 6 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name J. Lenord Walter
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Magdalena Miller
15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Abersold
(b) Address R.R. #3, St. Joseph, Missouri.

17. (a) Burial (b) Date thereof 12/ 23/ 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Stall Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri.

19. (a) Dec. 26, 1946 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural #3, St. Joseph
(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)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 20th,
year 1946 hour 7 minute 15 p. M.

21. I hereby certify that I attended the deceased from Jan. 12, 1946 to December 20, 1946
I last saw her alive on 12-20-, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Rt Breast.
Due to Scirrhous Carcinoma

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Ovarian Rt. Breast
Of operations
Of autopsy 50

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? Shipping Means of injury 2
23. Signature Stall Meierhoffer (M. D. or other) D.O.
Address 823 Faraon Date signed 12-21-46

342 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

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.....

Albert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address. St. Joseph, Missouri.

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.