

No. 2  
2-45  
7-39  
X47070

**FILED DEC 11 1946**

Registration District No. **294**

Primary Registration District No. **3056**

Registrar's No. **250**

1. PLACE OF DEATH:

(a) County **Randolph**

(b) City or town **Moberly**

(c) Name of hospital or institution **Woodland Hospital**  
(If not in hospital or institution, give street number or location)

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

In this community **3 yr - 7 mo - 9 days**

3. (a) PRINT FULL NAME **BERTHA SUE KENDALL**

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 **single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April - 23 - 1943**  
(Month) (Day) (Year)

8. AGE: Years **3** Months **7** Days **9**  
If less than one day hr. min.

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

10. Usual occupation **Infant**

11. Industry or business \_\_\_\_\_

12. Name **Parter Kendall**

13. Birthplace **Moberly Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elna Swale Gravit**

15. Birthplace **Moberly Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Parter Kendall**

(b) Address **RFD #1 Moberly Missouri**

17. (a) **Burial** (b) Date thereon **Dec - 3 - 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly Mo**

18. (a) Signature of funeral director **Snow Funeral Home**

(b) Address **Moberly Missouri**

19. (a) **Dec 3 - 46** (b) **Deane McCreary Law**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**

(c) City or town **Moberly**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Douglas Street RFD #1**  
(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 **2<sup>nd</sup>**  
year **1946** hour **2** minute **25** A.M.

21. I hereby certify that I attended the deceased from **29 Nov**  
**1946** to **2 Dec** 19**46**  
that I last saw her alive on **2:20 AM** **1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Encephalitis**

Duration **6 days**

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **gob**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W. H. Humphreys M.D.**

Address **Moberly Mo** Date signed **2 Dec 46**

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

269

RECEIVED  
District Health Officer No. 10  
District File Number 2-16-2215  
Date filed -- DEC. 10 - 1948

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.....

*R. M. Cater*

Licensed Embalmer No.....

*4117*

P. O. Address.....

*Moberly 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.