

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32916
4115
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hosp. #1
(d) Length of stay: In hospital or institution 7 days
In this community 4 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 5 West 6th St
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME BERTIE HAMMEL
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased July 5 1900

8. AGE: 60 48 years 3 months 5 days

9. Birthplace Missouri

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER
12. Name John Lowe
13. Birthplace Missouri
14. Maiden name Sally Pitcher
15. Birthplace Missouri

16. (a) Informant Mrs. Dora Lerrane
(b) Address Kansas City

17. (a) removed (b) Date thereof 10/10/48
(c) Place: burial or cremation New Franklin

18. (a) Signature of funeral director Melba M. McElroy
(b) Address 1800 E. Ashwood

19. (a) 10-10-48 (b) Geraldine Holmes

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 10th
year 1948 hour 4 minute A.M.
21. I hereby certify that I attended the deceased from October 3, 1948, to October 10, 1948
that I last saw her alive on October 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 12 4/10

Major findings: Of operations
Of autopsy See above

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature W. W. Hart
Address Med. Dir. Gen'l Hosp.
Date signed 10-10-48

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

Dr. Kater

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.....

Max Sr. Kirkendall, Registered Apprentice No. 86

working under my personal supervision.

Signed *J. H. Ryan*

Licensed Embalmer No. 2999

P. O. Address R.C.M.

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.