

No. 300  
10-47  
5-17-39  
3908

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED JAN 6 1949**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **40690**  
Registrar's No. **77**

Registration District No. **180**

Primary Registration District No. **4292**

1. PLACE OF DEATH:  
(a) County **LINCOLN**  
(b) City or town **WINFIELD**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **all of life** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **LINCOLN 5?**  
(c) City or town **WINFIELD**  
(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 \_\_\_\_\_

3: (a) PRINT FULL NAME **BERDIE LEE JACK**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. **YES (?)**

4. Sex **FEMALE** 5. Color or race **W** 6. (a) Single **widowed**, married, divorced **2**  
6. (b) Name of husband or wife **KARL JACK** 6. (c) Age of husband or wife if alive **DEAD** years  
7. Birth date of deceased **AUG. 12 1907**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**41 4 15** hr. min.

9. Birthplace **WINFIELD Mo. U**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

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

12. Name **M.O. GREEN**

13. Birthplace **AUBURN Mo. U**  
(City, town, or county) (State or foreign country)

14. Maiden name **ALICE BLAKEY**

15. Birthplace **FOLEY Mo. U**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MILDRED GREEN**

(b) Address **WINFIELD**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **12-29-48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **WINFIELD C.E.M.**

18. (a) Signature of funeral director **(Signature)**  
(b) Address **EMERY MO.**

19. (a) **12-29-48** (b) **(Signature)**  
(Date received from registrar) (Registrar's signature)

**P.C. Nemhart** (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **27**  
year **1948** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
**Carbon monoxide gas**  
**(Coroner's verdict)**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
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? **57**

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury **2**

23. Signature **Dr. V.E. Aldrich** (M. D. or other) **DD.**  
Address **Lincoln Co Coroner** Date signed **12/27/48**

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

Date Filed JAN 5 1949  
District File Number \_\_\_\_\_  
District Health Officer No. 9

RECEIVED  
JAN 13 1949  
DISTRICT HEALTH OFFICER

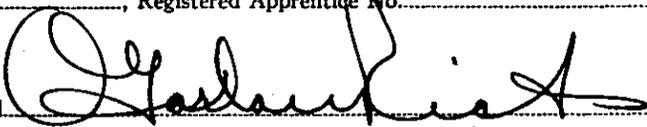
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**STATEMENT BY LICENSED EMBALMER**

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 

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.**

No. 2B  
M-3.45  
1-43880

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40690  
Registrar's No. 77

Registration District No. 180

Primary Registration District No. 9292

1. PLACE OF DEATH:  
(a) County Lincoln  
(b) City or town Winfield  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bessie L. York  
3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. 2

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month \_\_\_\_\_  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

4. Sex F  
5. Color or race W  
6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)  
8. AGE: Years 41 Months \_\_\_\_\_ Days \_\_\_\_\_  
(If less than one day) \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) Mo  
10. Usual occupation Stenographer

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

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 \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) C. R. Newberry  
(Date received local registrar) (Registrar's signature)

23. Signature \_\_\_\_\_ (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

MISSOURI SUPPLEMENTARY

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

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

