

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30096

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4140

1. PLACE OF DEATH  
a. COUNTY JACSON  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY  
c. LENGTH OF STAY (in this place) 42 YEARS  
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY JACKSON  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 79 6 2  
d. STREET ADDRESS (If rural, give location) 3881 EAST-61<sup>ST</sup> STREET 8

3. NAME OF DECEASED (Type or Print)  
a. (First) RAY b. (Middle) ALETHA c. (Last) BERG  
4. DATE OF DEATH (Month) (Day) (Year) SEPT-25-1949

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH APRIL-5-1886 9. AGE (In years last birthday) 63 YEARS

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (State or foreign country) CHILLICOTHE MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS J. PATTERSON 13b. MOTHER'S MAIDEN NAME LAURA BELLE HENDERSON 14. NAME OF HUSBAND OR WIFE A. ROY BERG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO 496-26-7507 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS JEAN P. BERG WENATCHEE WASHINGTON

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Uremia  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Hypertension  
DUE TO (c) Chronic glomerulonephritis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 1 wk  
years  
years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 592 X 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1949, to Sept 25, 1949, that I last saw the deceased alive on Sept 24, 1949, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE William F. Sanders (Degree or title) 23b. ADDRESS 1103 Grand Kansas City Mo. 23c. DATE SIGNED 9/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION 24b. DATE SEPT-27-1949 24c. NAME OF CEMETERY OR-CREMATORY D.W. NEWCOMER'S SONS 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 9-27-49 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.W. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY MO.

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Jess T. Dewar* .....

Licensed Embalmer No. *4453* .....

P. O. Address *75 Arison City* .....

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.