

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34699

State File No.

BIRTH NO.		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6942</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>Marshall</u> c. LENGTH OF STAY (in this place) <u>7</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mile north of Weston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Kansas</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>Leav</u> d. STREET ADDRESS (If rural, give location) <u>Leav</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Berg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-49</u>		5. SEX <u>male</u>		16. COLOR OR RACE <u>white</u>	
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>8-25-12</u>		9. AGE (In years last birthday) <u>37</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Basehor Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edwin Berg</u>		13b. MOTHER'S MAIDEN NAME <u>Mable Humphrey</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Scott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes NO</u>		16. SOCIAL SECURITY NO. <u>World War #2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pauline Berg Leavenworth</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of the Skull</u> ANTECEDENT CAUSES DUE TO (b) <u>Airplane Accident</u> DUE TO (c) <u> </u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>E 8 6 2</u> <u>39</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Tom H. Hillett</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Platte City Mo</u>		23c. DATE SIGNED <u>10-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bonner Springs Kans.</u>		24d. LOCATION (City, town, or county) (State) <u>Bonner Springs Kans.</u>	
DATE REC'D BY LOCAL REG. <u>10-26-49</u>		REGISTRAR'S SIGNATURE <u>B. P. R. Racine</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Harrington</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING INK—BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 1

District Health Officer No. 8.

District File Number.....

Date Filed 11-4-49

REC-50
1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body who  rded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

igned.....

W. R. Vaughn

Licensed Embalmer No.

4023

P. O. Address.....

W. R. Vaughn, 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.