

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

4855

State File No.

FILED MAR 8 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 791

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>JACKSON</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>3 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>2917 CHERRY STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorah Hospital Medical Center</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Jeanne</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Bernhardt</u>	(Month) <u>2</u>	(Day) <u>19</u>	(Year) <u>52</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JULY 23, 1928</u>	9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) <u>SECRETARY & STENOGRAPHER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>COOK PAINT & VARNISH CO.</u>	11. BIRTHPLACE (State or foreign country) <u>DIAGONAL, IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ROY HOLLAND</u>	13b. MOTHER'S MAIDEN NAME <u>DORIS BRAYMAN</u>	14. NAME OF HUSBAND OR WIFE <u>HAROLD E. BERNHARDT JR.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>496-24-9167</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HAROLD E. BERNHARDT JR.</u>	ADDRESS <u>2917 CHERRY ST. KANSAS CITY, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2001</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 1951, to Feb 19, 1952, that I last saw the deceased alive on Feb 19, 1952, and that death occurred at 12:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack B. Drans</u>	23b. ADDRESS <u>330 West 2nd</u>	23c. DATE SIGNED <u>19 Feb 52</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE <u>5 FEB. 22, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MUNICIA CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>LEAVENWORTH (KANSAS)</u>
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DATE REC'D BY LOCAL REG. <u>2-20-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer</u>	ADDRESS <u>1331 BRUSHY CREEK KANSAS CITY, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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: *Basil V Honey*

Licensed Embalmer No. *24724*

P. O. Address: *Ashtland, Ind.*

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.