No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D JUN 10 1940

Registration District No. 35

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17897

Primary Registration District No. 1001

Registrar's No. 539

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)
In this community: 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits write "RURAL")
(d) Street No.: Station E 3400 N. 6th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME: Bertha Alice Ault 430
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Matthew
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: June 13 (Month) 1866 (Day) (Year)
8. AGE: Years 73 Months 10 Days 27 If less than one day ___ hr. ___ min.
9. Birthplace: Charles City (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Own Home
MOTHER FATHER
12. Name: Isaac Newton Babcock
13. Birthplace: Wisconsin (City, town, or county) (State or foreign country)
14. Maiden name: Octavia Mitchell
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: W. L. Ault
(b) Address: 3400 North 6th, St. Joseph, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: May 11, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora Cemetery St. Joseph, Missouri
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon, St. Joseph, Missouri
19. (a) 5/13/40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1940 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from April 30th, 1940 to May 10, 1940 that I last saw her alive on May 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of neck of left femur — Duration: 10 days
Due to: Fall on kitchen floor at her home
Due to:
Other conditions: Age & debility
(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): Accident
(b) Date of occurrence: April 30th 1940
(c) Where did injury occur? St. Joseph Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Her home (Specify type of place)
While at work?
(e) Means of injury: Fall to floor

23. Signature: Leroi Berk M.D. (M. D. or other)
Address: King Hill Bldg. Date signed: 5/11/40

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri

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 H. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.