

Registration District No. 411

Primary Registration District No. 2002

1. PLACE OF DEATH, Jasper
 (a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1836 Kennsington Place
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days) 62 Years

3. (a) PRINT FULL NAME Bertha Briswalter
 (b) If veteran, name war No
 (c) Social Security No. No

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife JOE BRISWALTER
 (c) Age of husband or wife if alive No years
 7. Birth date of deceased April 21 1862
 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 1
 If less than one day hr. min.

9. Birthplace Wurtenburg Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Gotfried Keller

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
 (City, town, or county) (State or foreign country)

16. (a) Informant Family

(b) Address 507 Broadway, Joplin Mo.

17. (a) Burial (b) Date thereof 11-26-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 11-23-40 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1836 Kennsington Place
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 62 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 22, year 1940 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw her alive on November 23, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy None

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?
372 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address Joplin Mo. Date signed 11-23-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Steve D. Parker*

Licensed Embalmer No. *2548*

P. O. Address *Joplin 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.