

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10986

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

14
2
5

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

1. PLACE OF DEATH:

(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: St. Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)

In this community 12 Years

3. (a) PRINT FULL NAME Irene Janice Berliner

3. (b) If veteran, name war -----

3. (c) Social Security No. -----

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -----

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased April 8, 1918
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>22</u>	<u>11</u>	<u>12</u>	hr. _____ min.

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

MOTHER FATHER { 12. Name Reuben Berliner

13. Birthplace Poland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cohen

15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Reuben Berliner

(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 3-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Missouri

19. (a) 3-21-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 709 N. Byers Ave. 5
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 20th
year 1941 hour 9:45 minute AM M.

21. I hereby certify that I attended the deceased from Mar 11
1941 to Mar 20, 1941;
that I last saw her alive on Mar 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis acute

Due to _____

Due to 40

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

Major findings:
Of operations _____

Of autopsy _____

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

23. Signature [Signature] (M. D. or other) [Signature]
Address Joplin, Mo Date signed 3/21/41

Duration

5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

41-4-369

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..... *David Dillon*.....

Licensed Embalmer No..... *3898*.....

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.