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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18124

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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: 512 N. Pearl St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community 52 Years  
years, months or days

3. (a) PRINT FULL NAME Bertha Guengerich

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased April 19 1857  
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 12  
If less than one day hr. min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Jacob Guengerich

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

14. Maiden name Marie Schwarzentraub.

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

16. (a) Informant Mrs. Anna Guengerich

(b) Address 512 North Pearl.

17. (a) Cremation (b) Date thereof 5-3-41  
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Hirebut Hud. Co.

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

19. (a) 5-2-41 (b) Ed D. Jensen  
(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. 512 N. Pearl St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 Years 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1941 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Dec 23 to May 2, 1940  
that I last saw her alive on May 1, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure  
Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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 Ed D. Jensen (M.D. or other) 212

Address 2114 Joplin Date signed 5/2/41

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

41-6-509

OCT 17 1941

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**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.....

*Sam E. Senseney Jr.*

Licensed Embalmer No. 4099

P. O. Address Ypsilanti 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.**