

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

FILED AUG 11 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 011

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution:
315 North 19th St.
(d) Length of stay: In hospital or institution 1 day
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph, Mo
(d) Street 315 North 19th St.
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME

Bernadeen Ann Resler

8. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex F 5. Color or race W 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 June 30, 1941

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. _____ min.

9. Birthplace St Joseph Mo

10. Usual occupation infant

11. Industry or business _____

12. Name Bernard Resler

13. Birthplace Wathena, Kansas

14. Maiden name Anna Marie Steeb

15. Birthplace St Joseph, Mo.

16. (a) Informant Bernard Resler

(b) Address 315 N 19 St St Joseph, Mo.

17. (a) removal (b) Date thereof July 1, 1941

(c) Place: burial or cremation Wathena, Kansas

18. (a) Signature of funeral director H. Adams

(b) Address Wathena, Kansas

19. (a) July 1, 1941 (b) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1941 hour 4 00 A. M.

21. I hereby certify that I attended the deceased from June 30 to July 1st 1941 that I last saw her alive on June 13 and that death occurred on the date and hour stated above.

Immediate cause of death Failure of Termination Ovary to close

Due to Premature Birth

Due to _____

Other conditions _____

Major findings: _____

Of operations _____

Of autopsy low

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature John [Signature] (M. D. or other) MD

Address Wathena, Kansas Date signed 7-1-41

Duration 15 hrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

