

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27648**

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 252

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scotland
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

8. (a) PRINT FULL NAME Virgie Madeline Smith
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John L. Smith 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Nov 11 1912
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 27
year 1941 hour 4:15 minute P.M.
21. I hereby certify that I attended the deceased from Aug 27, 1941, to Aug 27, 1941, that I last saw her alive on Aug 27, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 28 Months 9 Days 16 If less than one day _____ hr. _____ min.
9. Birthplace Scotland Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business _____
12. Name John L. Berkesh
13. Birthplace Scotland Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Marion M. Berkesh
15. Birthplace Scotland Co Mo
(City, town, or county) (State or foreign country)

Immediate cause of death Hemorrhage
Due to Abruptio Placenta
Due to Prolonged Labor
Other conditions (include pregnancy within 3 months of death) 14 lb 3
Major findings: Cesarean Section
Uterus filled with
Of autopsy blood
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant John L. Berkesh
(b) Address Wetledge Mo, Rt
17. (a) Burial (b) Date thereof Aug 29-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial R. Quigley
18. (a) Signature of funeral director John L. Berkesh
(b) Address Memphis Mo
19. (a) Sept 2, 1941 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury Y
23. Signature John H. Deady (M.D. or other) S.O.
Address Berksville Date signed 8/29/41

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

2
0-39
39
21492

RECEIVED

District Health Officer No. 10

District File Number 9-41-1665

Date Filed SEP 16 1941

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.....

Licensed Embalmer No. 1029

P.O. Address..... Memphis 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, above space should be left blank.