

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: Lakeside Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks  
(Specify whether years, months or days)

In this community 35 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 1305 East 8th. Street  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BERTHA ALMA DELLES

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd  
year 1943 hour 9 minute PM M.

21. I hereby certify that I attended the deceased from 6/5/42  
to April 3 1943  
that I last saw her alive on April 3 1943  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Arthur E. Delles

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 14 1893  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Due to Chronic Hepatitis & Cholelithiasis

Due to 12.15

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

49 8 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Ira B. Davis

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

14. Maiden name Sara E. Morris

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

Major findings: Enlarged spleen operated 6/16/42 intestinal obstruction of autopsy None

Physician 4/2/43

Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur E. Delles

(b) Address 1305 E. 8th. St. K.C. Mo.

17. (a) Burial (b) Date thereof April 6 -43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery

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) (c) Means of injury \_\_\_\_\_

23. Signature D. John Hull (M. D. or other) \_\_\_\_\_  
Address 13034 Harrison Date signed 4/5/43

18. (a) Signature of funeral director Harry Butler

(b) Address 22 South 18th. St. K.C. Mo.

19. (a) 4-6-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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

361

---

---

**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. *3426 Missouri*

P. O. Address, *Kansas City Kansas*

**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.**