

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

29502

FILED OCT 27 1946

State File No. _____

Registration District No. 27

Primary Registration District No. 6078

Registrar's No. 78

1. PLACE OF DEATH:

(a) County... BATES

(b) City or town... SPRUCE - RFD
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community... 25 YRS -
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO - (b) County... BATES 7

(c) City or town... SPRUCE RURAL -
(If outside city or town limits, write "RURAL")

(d) Street No... DEEPWATER TWP
(If rural, give location)

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

3. (a) PRINT FULL NAME... SARAH LEE BERKEBILE

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 13TH
year 1946 hour 10 minute 30A.M.

21. I hereby certify that I attended the deceased from Sept 13 1946 to Sept 13 1946
that I last saw her alive on Sept 13 1946
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced... 2

6. (b) Name of husband or wife... EE BERKEBILE alive X years

6. (c) Age of husband or wife if _____

7. Birth date of deceased... SEPT 17 1869
(Month) (Day) (Year)

Immediate cause of death... Cerebral Aneurysm

Due to _____

Due to _____

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

78 11 27 .hr. _____ min.

Other conditions... Chronic Interstitial Nephritis
(Include pregnancy within 3 months of death)

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

10. Usual occupation... HOUSEWIFE

Major findings: Of operations... 131B

Of autopsy... _____

11. Industry or business _____

MOTHER FATHER { 12. Name... Unknown 9

13. Birthplace... unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name... unknown 9

15. Birthplace... unknown 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant... EE Berkebile

(b) Address... Butler RFD

17. (a) BURIAL (b) Date thereof... 9-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... RADFORD CEM -

While at work? _____ (Specify type of place)

(c) Means of injury... 1

23. Signature... James G. Lusk (M. D. or other)
Address... Butler, Mo Date signed 9/15/46

18. (a) Signature of funeral director... Bootha

(b) Address... Butler Mo

19. (a) Sept 14 - 1946 (b) Hendall Karry
(Day received local registrar) (Registrar's signature)

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

28338

RECEIVED

Director of Health Officer No. 7,

District

9-46-412

Date

10-3-46

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 John J. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.