S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1947

Registration District No. 243

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24925

Primary Registration District No. 4364

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Stella, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Cardwell Hospital 0
(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 Missouri (b) County Jasper 49

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Joplin, Mo. R# 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) /

If yes, name country .....

3. (a) PRINT FULL NAME Bertha Louise McPherson

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

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

4. Sex Female /

5. Color or race W

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

6. (b) Name of husband or wife Robert McPherson

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased June (Month) 10 (Day) 1910 (Year)

8. AGE: Years 37 Months 11 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Tronto (City, town, or county) Kansas (State or foreign country) /

10. Usual occupation Housewife

11. Industry or business " "

FATHER
12. Name M. H. Arnold
13. Birthplace ..... (City, town, or county) Ill. (State or foreign country) /

MOTHER
14. Maiden name Bertha Louise Dumbar
15. Birthplace Wisconsin (City, town, or county) (State or foreign country) /

16. (a) Informant R. L. McPherson
(b) Address 52 range line Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Stella, Mo.

18. (a) Signature of funeral director Wm Morris Pogue
(b) Address Wheaton, Mo.

19. (a) 7-22-1947 (Date received local registrar) (b) Alpha Dyer (Registrar's signature) 26 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th year 1947 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from May 26, 1947 to June 4, 1947; that I last saw her alive on June 4, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Paralytic Ileus	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

122B

PHYSICIAN
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) DO

Address Wheaton Mo. Date signed 6-6-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton
Vaccine File Number 747-144
Date Filed 7-28-47

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 Wm Morris Bogue

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.