

S. No. 300
OM-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12425
1234580
Registrar's No. 1780

Primary Registration District No. 1002

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

48
3
8

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution General Hospital No. 1
(d) Length of stay: In hospital or institution 7 days
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 703 E. 9 St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME James Berkshire

MEDICAL CERTIFICATION
April 21

3. (b) If veteran, name war No
3. (c) Social Security No. 495-10-1440

20. DATE OF DEATH: Month April day 21
year 1948 hour 1 minute 50 P. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced

21. I hereby certify that I attended the deceased from April 14, 1948 to April 21, 1948
that I last saw him alive on April 21, 1948
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Marie Berkshire
6. (c) Age of husband or wife if alive years 1887
7. Birth date of deceased September 16th (Month) (Day) (Year)

Immediate cause of death
Cirrhosis of liver
Duration

8. AGE: Years 60 Months 7 Days 5
If less than one day hr. min.

Due to
Due to

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

Other conditions
(Include pregnancy within 3 months of death)

10. Usual occupation Auditor

Major findings:
Of operations
Of autopsy None

11. Industry or business

12. Name James B. Berkshire

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

14. Maiden name Melia McGinnis

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

16. (a) Informant Mrs. C. C. Lowe

(b) Address 3231 Prospect

17. (a) Burial (b) Date thereof 4-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 4-23-48 (b) Steadline Holmes
(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

23. Signature W. W. Hart (M. D. or Registrar)

Address Med. Dir. Gen'l Hosp. 4-22-48
Date signed

Dr. Taylor

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City, 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.