

No. 300
1-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29639**
Registrar's No. **3800**

FILED SEP 25 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Crestwood Convalescent Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution **One year**
In this community **6 years**
(Specify whether years, months or days)

3: (a) PRINT FULL NAME **Mrs. Bertha Penning Amet**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Albert C. Amet**
6. (c) Age of husband or wife if alive **28th. 1873**
7. Birth date of deceased **April 28th. 1873**
(Month) (Day) (Year)

8. AGE: Years **75** Months **4** Days **18**
If less than one day hr. min.

9. Birthplace **Bridgeport Conn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Unknown Hoffman**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Emily Grosser**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert V. Amet**
(b) Address **7125 Grand Ave.**

17. (a) **Cremation** (b) Date thereof **9-17-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Missouri**

19. (a) **9-17-48** **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7125 Grand Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **16th.**
year **1948** hour minute M.

21. I hereby certify that I attended the deceased from **July 48** to **9-16-48**
that I last saw her alive on **9-13** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral aneurysm
Hemorrhage
Due to **Atherosclerosis**
Myocardial infarct
Duration **1 week**
5 yrs.
4 yrs.

Other conditions
(Include pregnancy within 3 months of death)
g30

Major findings:
Of operations
Of autopsy
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?

While at work? (Specify type of place)
(e) Means of injury
Signature **Frank B. [unclear]** (M. D. or other) **M.D.**
Address **1530 [unclear] K.C. Mo.** Date signed **9-16-48**

Handwritten notes on the right margin: "11-1", "8.", and "7-5:30".

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 *Willie N. Bennett*

Licensed Embalmer No. *4438*

P. O. Address *K. C., 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.