

No. 300
10. 48

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15740
1873

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 60 YEARS	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
		d. STREET ADDRESS (If rural, give location) 512 WOODLAND AVENUE	

3. NAME OF DECEASED (Type or Print)	a. (First) May	b. (Middle)	c. (Last) Berg	4. DATE OF DEATH (Month) (Day) (Year)	4 27 1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 9-1871	9. AGE (In years last birthday) 72 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ESCOLA MISSOURI.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME CHRIS RAICHRAY	13b. MOTHER'S MAIDEN NAME MARTHA GILLSON	14. NAME OF HUSBAND OR WIFE DR. ELMER BERG
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME McMAHON CONVALESCENT-HOME	ADDRESS 512 WOODLAND
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident		
	ANTECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		334X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-27, 1949, to 4-27, 1949, that I last saw the deceased alive on April 27, 1949, and that death occurred at 4:05P m., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Hart (Degree or title)	23b. ADDRESS Med. Dir. Gen'l Hosp.	23c. DATE SIGNED 4-27-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 4-29-49	24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO.
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DATE REC'D BY LOCAL REG. 4-29-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.F. G. ... N.C. Mo.
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(Licensed Embalmer's Signature on Reverse Side)

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

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Dr. Payne

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *Paul G. Rowe*

Signed _____
Student Embalmer

Licensed Embalmer No. 2347

P. O. Address *N. 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.

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