

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12448
Do not use this space.

1. PLACE OF DEATH

(a) County Worth
(b) Township Green
(c) City 3

Registration District No. 105-7
Primary Registration District No. 6214

Registered No. _____

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Parnell Mo St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

William A. Berg.

620

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27 1864
7. AGE YEARS 73 MONTHS II DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Wm. Berg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. W. A. Berg
(ADDRESS) Parnell Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parnell DATE Mar. 13 1938

19. FUNERAL DIRECTOR Cummins Furniture
(ADDRESS) Maryville, Mo.

20. FILED Mar. 13 1938 Mrs. O. H. Bond.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-1938

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933 to 3-11, 1938
I last saw him alive on 3-8, 1938. Death is said to have occurred on the date stated above, at H. J. ap.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Senile dementia

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. M. Bayles, M. D.
Address Conception Junction

STATEMENT BY LICENSED EMBALMER

I, J. B. Blum, Licensed Embalmer No. 1675
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. B. Blum
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. B. Blum
Licensed Embalmer No. 1675

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.)