

REC'D APR 18 1939

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

10962
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township White Oak Primary Registration District No. 05495
(c) City Union (d) Street No. _____ St.
(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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Hattie P Bernhart
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver Bernhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 3 21

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Cleve
Marion Co Mo

FATHER 13. NAME James H Orr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Mo

MOTHER 15. MAIDEN NAME Liza Bernhart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co

17. INFORMANT (ADDRESS) Oliver Bernhart
Union Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak DATE 3-29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred C Wilkins
Clinton Mo

20. FILED 3-30 1939 Dr J R Hampton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939 to March 28, 1939

I last saw him alive on March 27, 1939. Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

Right Lobar Pneumonia Date of onset 3/24/39

Other contributory causes of importance: Influenza 11/2 3/15-39

Name of operation _____ Date of _____

What test confirmed diagnosis? Micro Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? L 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? no

If so, specify _____

(Signed) J. O. McDonald & B. W. Gullerath

(Address) Union Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-68-7

Date Filed 4-12-39

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.....

Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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, above space should be left blank.