MAY 1 8 1939

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

14185
Do not use this space.

1. PLACE OF DEATH
(a) County Benton
(b) Township
(c) City Warsaw
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 61
Primary Registration District No. 4036
Registered No. 16

2. PRINT FULL NAME Martha Jane Bernard
(a) Residence, No. Warsaw, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bernard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18, 1857

7. AGE: Years 82 | Months 2 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

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.
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) Knobnoster Mo.

FATHER
13. NAME John Shible
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Lydia Houston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs. Bernard Hall Warsaw, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverside Cem DATE March 30, 1939

19. FUNERAL DIRECTOR (ADDRESS) C. M. White Warsaw, Mo

20. FILED 4-1, 1939 Jas. A. Logan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1939, to 3-28, 1939.
I last saw her alive on 3-28, 1939. Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance: Age

Name of operation ✓ Date of ✓
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ 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) N. G. Sprague, M. D.
(Address) Warsaw Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X12004

RECEIVED
District Health Officer No. 7,
District File Number 7-39-69
Date Filed 5-5-39

STATEMENT BY LICENSED EMBALMER

I, Bert J. Miller, Licensed Embalmer No. 3752

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Bert J. Miller

Licensed Embalmer No. 3752

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.)