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 JUN 13 1939

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

18453
Do not use this space.

1. PLACE OF DEATH
(a) County Cole — Registration District No. 215
(b) Township — Primary Registration District No. 5295 — Registered No.
(c) City Taos — (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.

2. PRINT FULL NAME 652 Bernard Anton Bernskoetter
(a) Residence, No. Taos, 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: Male
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~~ Mrs. Mary Bernskoetter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1861

7. AGE: YEARS 77 — MONTHS 11 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer.
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) Taos, Mo. 0

FATHER
13. NAME John Henry Bernskoetter 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1

MOTHER
15. MAIDEN NAME Elizabeth Schwaller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Mary Bernskoetter, Taos, Missouri

18. BURIAL, ~~XXXXXXXXXXXXXXXX~~ PLACE Taos, Mo. DATE May 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs, Jefferson City, Mo.

20. FILED June 10, 1939 Jacob McRoutter, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1938, to May 21, 1939
I last saw him alive on May 16, 1939. Death is said to have occurred on the date stated above, at 5:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis complicated by mitral regurgitation	

Other contributory causes of importance: age 121

Name of operation ..... 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? ..... 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) L. A. T. Meyer, M. D.
(Address) Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, John F. Heinrichs, or by

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

Signed John F. Heinrichs

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.