

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44041
Registrar's No. 68

Registration District No. 556

Primary Registration District No. 5750

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town Morgan township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

Joseph Berger
8. (b) If veteran, name war 8. (c) Social Security No.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lena Berger 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased March 18 1881
(Month) (Day) (Year)

8. AGE: Years 8 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Andy Berger
13. Birthplace Austria
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lena Berger

(b) Address Princeton, Mo.

17. (a) Goshen, Mo. (b) Date thereof Dec 16-39
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Goshen, Mo.

18. (a) Signature of funeral director W. H. Berry

(b) Address Princeton, Mo.

19. (a) 12/15-39 (b) J. W. Berry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Missouri
(c) City or town Princeton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 38 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1939 hour 4 minute 24 M.

21. I hereby certify that I attended the deceased from Dec 14 1939 to Dec 14 1939
that I last saw him alive on Dec 14 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
Due to Cancer of Stomach
Due to primarily -

Other conditions of 46
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence Dec 14-39
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (Means of injury)
23. Signature J. W. Berry (M. D. or other)
Address Princeton, Mo. Date signed 12/15-39

RECEIVED

District Health Officer No. 11,

District File Number 40-1833

Date Filed JAN 10 1940

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 Moss

Licensed Embalmer No. 2634

P. O. Address Princeton 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.