

MARGIN RESERVED FOR BINDING

50M-517-39
Rev. 5-17-39
U.S. GPO

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1940

Registration District No. 164

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5229

State File No. 6260
257

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Stackton, Mo. Rural

(c) Name of hospital or institution: Benton Twp.

(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 George Berning 65

3. (b) If veteran, name war AA **3. (c) Social Security** No. _____

4. Sex Male

6. (b) Name of husband or wife Elizabeth Berning

7. Birth date of deceased Oct. 24 1944

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive dec'd years

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>3</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. R. Bauges

(b) Address Stackton, Mo.

17. (a) Potter Cemetery, (b) Date thereof 1-29-40

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potter

18. (a) Signature of funeral director A. C. Ogden & Co.

(b) Address Stackton, Mo. 155

19. (a) 2-12-1940 (b) Mary Heffner

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Stackton, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 2 (If rural, give location) Rural

(e) If foreign born, how long in U. S. A. 75 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1940 hour 11 minute P M.

21. I hereby certify that I attended the deceased from January 20, 1940, to January 22, 1940;

that I last saw him alive on January 22, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis and myocardial degeneration

Due to Tuber dorsalis?

Other conditions (Include pregnancy within 3 months of death) 81

Major findings: Of operations none

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(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) (e) Means of injury _____

23. Signature Bernard C. Adler (M. D. or other) M.D.

Address Stackton, Mo. Date signed 1/31/40

RECEIVED
District Health Officer No. 7,
3-40-418
District File Number
3-5-40
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.