DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11268

Registration District No. 409 Primary Registration District No. Registrar's No. 25

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1020 - E - 84 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1020 E 84th St (If rural, give location)

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

3. (a) PRINT FULL NAME Louise Bergmann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wht

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 12 - 1859 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Louis Strunkel
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mathilda Schornhorst
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature N. W. Cordes

(b) Address 3331 Bellefontaine

17. (a) R.C. Mo (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Mo

18. (a) Signature of funeral director Frerking & Vaight

(b) Address Concordia Mo.

19. (a) 4 - 9 - 40 (Date received local registrar) (b) Mrs Jos. J. Brennan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27 year 1940 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 16 1940, 19, to Mar 27, 1940, that I last saw her alive on Mar 27, 1940, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (Bronchial)	11 da
Hypertensive Heart disease	
Due to	
Due to	
Other conditions Age (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Douglas A. Jackson (M. D. or other) 1

Address 1103 E Amoy Kcmo Date signed 3/27/40

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

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 E G Fracking F C Voigt

Licensed Embalmer No. 2959 1115

P. O. Address Concordia 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.