

FILED JUN 17 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18616

State File No. \_\_\_\_\_

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sanitarium 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 hours  
In this community 10 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Amos Berve 610

3. (b) If veteran, name war none 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Berve 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 26 1864  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Minister

11. Industry or business \_\_\_\_\_

12. Name Milo Berve

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

14. Maiden name Carlson

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

16. (a) Informant Arthur Berve

(b) Address 324 So Grand, Indep. Mo;

17. (a) Burial (b) Date thereof May 5 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Grove

18. (a) Signature of funeral director Cart & Specks

(b) Address Indep. Mo.

19. (a) May 4/40 (b) F. L. Cooper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Indep  
(If outside city or town limits, write "RURAL")  
(d) Street No. 324 So Grand  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 73 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1940 hour 60 minute 45 A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to May 2, 1940  
that I last saw him alive on in, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Arteriosclerosis cerebral 1931

Due to General  
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations X  
Of autopsy X  
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) \_\_\_\_\_

(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? 360  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Chas. T. Gratske (M. D. or other) \_\_\_\_\_  
Address Independence, Mo Date signed 5/3/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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 me

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

Signed Roland V. Speaks  
Licensed Embalmer No. 3604  
P. O. Address Independence, 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.