No. 2
11-10-39
5-17-39
I X2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Bohling

State File No. 25971

FILED AUG 21 1940

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 247

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

1. PLACE OF DEATH:

(a) County: Pettis

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

(c) Name of hospital or institution: 322 North Brown
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis

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

(d) Street No.: 322 North Brown
(If rural, give location)

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

3. (a) PRINT FULL NAME: Augusta S. Berlin 645

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Franz Berlin

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

7. Birth date of deceased: Dec. (Month) 23 (Day) 1859 (Year)

8. AGE: Years 80 | Months 7 | Days 8 | If less than one day _____ hr. _____ min.

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

10. Usual occupation: At Home

11. Industry or business: _____

FATHER
12. Name: Stolzenburg
13. Birthplace: Unkown (City, town, or county) _____ (State or foreign country)

MOTHER
14. Maiden name: Unkown
15. Birthplace: " (City, town, or county) _____ (State or foreign country)

16. (a) Informant: Herbert A. Berlin

(b) Address: Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Mem. Park

18. (a) Signature of funeral director: Gillespie Funeral Home

(b) Address: Sedalia, Mo.

19. (a) 8-3-40 (Date received local registrar) (b) Mrs Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1940 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 30, 1940 to July 31, 1940 and that I last saw her alive on July 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration: 5 years

Due to: Arteri sclerosis and hypertension

Due to: _____

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____

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) _____

(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: Lord Bohling (M. D. or other) I

Address: Sedalia Mo. Date signed 8-1-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 04-6-8
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 L E Beulelin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.