

FILED NOV 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH ✓

36608

State File No. _____

Registration District No. 875Primary Registration District No. 3039Registrar's No. 253

1. PLACE OF DEATH:

(a) County Nevada
 (b) City or town Nevada
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Nevada City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mos. - 1
 (Specify whether)

In this community _____
 years, months or days

3. (a) PRINT FULL NAME Belle Northington Berghauer3. (b) If veteran, name war no 8. (c) Social Security No. no4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Feb - 1 1862
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
78 8 13 hr. min.9. Birthplace Tenn
 (City, town, or county) (State or foreign country)10. Usual occupation House keeping

11. Industry or business _____

12. Name Marjlett Northington13. Birthplace Tenn
 (City, town, or county) (State or foreign country)14. Maiden name Stephan Ferguson15. Birthplace W. Va.
 (City, town, or county) (State or foreign country)16. (a) Informant John N. Berghauer(b) Address W. 2 Ash. Hill N. C.17. (a) Burial (b) Date thereof 10/15/40
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Newton, Nevada, Nev.18. (a) Signature of funeral director Marsh Beehinger(b) Address Nevada, Mo19. (a) 10-15-40 (b) Allen V. Hays
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State N. Carolina (b) County _____
 (c) City or town Rural # 2
 (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. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 ch
 year 1940 hour 4:00 minute _____ A. M.21. I hereby certify that I attended the deceased from
Aug 11, 1940, to Oct. 14 ch, 1940
 that I last saw her alive on Oct 13, 1940
 and that death occurred on the date and hour stated above.Immediate cause of death Cerebral hemorrhage 5 days
 DurationDue to _____
 Due to _____Other conditions Fractured femur Aug 15/40
 (Include pregnancy within 3 months of death)Major findings: _____
 Of operations _____Of autopsy _____
 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?
795
 While at work? _____ (Specify type of place)
 (e) Means of injury _____23. Signature AP King (M. D. or other) _____Address Nevada, Mo Date signed 10-14-40

(Licensed Embalmer's Statement on Reverse Side)

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

1948
A.I.

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1021

Date Filed 11-4-40

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

Mark Leisinger

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.