

DEC 5 - 1940

Registration District No. 44

Primary Registration District No. 5069

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Nashville Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 17 years
 years, months or days _____

3. (a) PRINT FULL NAME Mary Jane Bergeson

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife B. H. Bergeson 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 26 1867
 (Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 { 12. Name Patrick McGinn
 { 13. Birthplace Ireland
 { 14. Maiden name Mary Dowd
 { 15. Birthplace Mercer County, Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marie Cox
 (b) Address Liberal, Missouri
 17. (a) Burial (b) Date thereof 10-18-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cameron, Mo.

18. (a) Signature of funeral director Konantz Funeral Home
 (b) Address Lamar, Mo.

19. (a) 10-17-40 (b) Wladyslaw Werman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Liberal (rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. RFD #1 (10 Mi. SE Liberal)
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
 year 1940 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct. 12th
1940 to Oct. 16, 1940
 that I last saw her alive on Oct. 16, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Quintessence arteriosclerosis

Due to Mitral Stenosis

Other conditions _____
 (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 None
 (c) Where did injury occur? None
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? no
 While at work? no (Specify type of place) (e) Means of injury None

23. Signature F. R. Bell M.D. (M. D. or other) _____
 Address Liberal Mo. Date signed 10/17/40

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.

RECEIVED

District Health Officer No. 6,

District File Number 1140-2913

Date Filed DEC 3 1940

DEC 3 1940

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

Walter S. Hubbard

Licensed Embalmer No. 3550

P. O. Address Lamar, Missouri.

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.