

FEB 18 1941

Registration District No. 0822

Primary Registration District No. 14408

Registrar's No. 11

## 1. PLACE OF DEATH:

- (a) County Pike  
 (b) City or town Bowling Green  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 1

(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 days3. (a) PRINT FULL NAME John W. Bernard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex
- M
5. Color or race
- W
6. (a) Single, widowed, married, divorced
- W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive
- 77
- years

7. Birth date of deceased
- Feb 11 1862
- 
- (Month) (Day) (Year)

8. AGE: Years
- 78
- Months
- 10
- Days
- 26
- If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace
- Pike Co. Missouri
- 
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Retired Carpenter

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

- MOTHER FATHER  
 { 12. Name John Bernard  
 13. Birthplace Germany  
 { 14. Maiden name Martha Lawrence  
 15. Birthplace Pike Co Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Nelva Bernard
- 
- (b) Address
- Bowling Green Mo

17. (a)
- MURIAL
- (b) Date thereof
- 1-9-41
- 
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Bowling Green Cem

18. (a) Signature of funeral director
- Walter B. Smith
- 
- (b) Address
- Bowling Green, Mo

19. (a)
- 1-10-1941
- (b)
- W. Summerkamp
- 
- (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pike  
 (c) City or town Bowling Green  
 (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
- Jan
- day
- 7th
- 
- year
- 41
- hour
- 11
- minute
- P.
- M.

21. I hereby certify that I attended the deceased from
- Jan 4th
- , 19
- 41
- , to
- Jan 7th
- , 19
- 41
- ;
- 
- that I last saw him alive on
- Jan 7th
- , 19
- 41
- ;
- 
- and that death occurred on the date and hour stated above.

- Immediate cause of death
- Carcinoma of the Larynx.
- Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

- Other conditions \_\_\_\_\_
- 
- (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? \_\_\_\_\_

- While at work? \_\_\_\_\_ (Specify type of place)
- 
- (e) Means of injury \_\_\_\_\_

23. Signature
- James B. Byers, M.D.
- (M. D. or other)
- D
- 
- Address
- Bowling Green, Mo
- Date signed
- 1/9/41

RECEIVED

District Health Officer No. 10

District File Number 2-41-205-

Date Filed FEB 7 1941

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 Grace Danforth

Licensed Embalmer No. 2204

P. O. Address Grace Danforth  
70 Spring Street, N.Y.

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.