

**MAR 25 1944**  
Registration District No. 232

Primary Registration District No. 8316

Registrar's No. \_\_\_\_\_

28  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Crawford  
 (b) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Cortois Hosp  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 30 years years, months or days

**3. (a) PRINT FULL NAME:** Emilie M. Bergner  
**3. (b) If veteran,** name war \_\_\_\_\_  
**3. (c) Social Security No.** \_\_\_\_\_

**4. Sex:** F **5. Color or race:** W  
**6. (a) Single, widowed, married, divorced:** Married  
**6. (b) Name of husband or wife:** Charles A. Bergner  
**6. (c) Age of husband or wife if alive:** \_\_\_\_\_ years  
**7. Birth date of deceased:** 2 9 1859  
 (Month) (Day) (Year)

**8. AGE:**  
 Years 82 Months 0 Days 0  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace:** Brider Hill MO  
 (City, town, or county) (State or foreign country)

**10. Usual occupation:** Housewife

**11. Industry or business:** \_\_\_\_\_  
**12. Name:** Clyde Davis  
**13. Birthplace:** \_\_\_\_\_  
 (City, town, or county) (State or foreign country)  
**14. Maiden name:** Anne Pruitt  
**15. Birthplace:** unknown  
 (City, town, or county) (State or foreign country)

**16. (a) Informant:** James Bergner  
**(b) Address:** Berryman MO

**17. (a) (Burial, cremation, or removal):** Berryman **(b) Date thereof:** \_\_\_\_\_  
 (Month) (Day) (Year)  
**(c) Place: burial or cremation:** Berryman 11-1941

**18. (a) Signature of funeral director:** F. J. Jones  
**(b) Address:** Steelville MO

**19. (a) (Date received local registrar):** Feb 20-1944 **(b) (Registrar's signature):** J. E. Sanders

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Crawford  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Courtoise Township  
 (If rural, give location) 0 30  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 2 day 9  
 year 1944 hour 9 minute 10 P.M.  
**21. I hereby certify that I attended the deceased from** 2-9  
 1944 to 2-9 1944  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation  
 Duration 1/2 day  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
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**23. Signatures:** R. C. Parker (M. D. or other) MO  
 Address Steelville MO Date signed 2/18-44  
 (Specify type of place) (a) Means of injury \_\_\_\_\_

RECEIVED

District Health Officer No. 5,

District No. Number 341404

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

not embalmed

Registered Apprentice No. 2379

working under my personal supervision.

Signed

L. J. Jones

Licensed Embalmer No. 2379

P. O. Address Steilville 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.