

S. No. 2
-11-10-39
5-17-39
PI X21492

FILLED MAY 2 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14497

State File No. _____

Registration District No. 314

Primary Registration District No. 4190

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Queen
(b) City or town Stanherry MD
(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 5-9 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Queen
(c) City or town Stanherry / 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME John Charles Beringer
3. (b) If veteran ✓ name war _____ 3. (c) Social Security No. 70N02
4. Sex M.O 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Sarah E. Beringer 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased 7/25/1885 (Month) (Day) (Year)
8. AGE: Years 88 Months 9 Days 25 If less than one day _____ hr. _____ min.
9. Birthplace Weston MD (City, town, or county) (State or foreign country)
10. Usual occupation retired merchant
11. Industry or business Grocery
12. Name Frederick Beringer
13. Birthplace Washington D.C. (City, town, or county) (State or foreign country)
14. Maiden name Anastasia
15. Birthplace _____ (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Howard Beringer
(b) Address Stanherry MD
17. (a) Burial (Burial, cremation, or otherwise) (b) Date thereof Jan 27 1941 (Month) (Day) (Year)
(c) Place: burial Stanherry MD
18. (a) Signature of funeral director Katoy H. Phillips
(b) Address Stanherry MD
19. (a) 1/26/41 (Date received local registrar) (b) G. H. Beringer (Registrar's signature)

10. DATE OF DEATH: Month Jan day 25 year 1941 hour 4 minute 40 P. M.
21. I hereby certify that I attended the deceased from Dec 10-1937 1937 to Jan 25 1941; that I last saw him alive on 4:59 PM Jan 25 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency
Due to senility
Due to Arteriosclerosis PHN 3 yrs
Other conditions (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?
286 (Specify type of place)
While at work? _____ (e) Means of injury _____
Signature R. J. Milligan (M. D. or other) MD
Address Stanherry MD Date signed 1-27-41

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

0008

Dr. Melligan

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, ~~only~~ _____, Registered Apprentice No. _____
~~working under my personal supervision.~~

Signed Henry F. Phillips
Licensed Embalmer No. 1898
P. O. Address Stanton, Md.

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.