

FILED SEP 10 1941

State File No. _____
Registrar's No. 117

Registration District No. _____

Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Medville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19
year 1941 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Aug 19 1941 to Aug 19 1941
that I last saw alive on Aug 19 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart decompensation / ma
Due to: Coronary Thrombosis

Other conditions: _____
(Include pregnancy within 8 months of death)
Major findings: X 950
Of operations: _____
Of autopsy: _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Thomas M. Berger

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Mathie R. Berger 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased March 4 1872
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Linn Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Denny C. Berger
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Mary C. Laffer
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Conyee Berger
(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof 8/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Medville Cem. Linn Co. Mo.

18. (a) Signature of funeral director Wm. D. Jordan
(b) Address Chillicothe, Mo.

19. (a) 8-23-41 (b) H. W. Bruce, M.D.
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature H. W. Bruce (M. D. or other) _____
Address Chillicothe, Mo. Date signed 8/21/41

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

James T. Gordon

Licensed Embalmer No. *1870*

P. O. Address. *Chillicothe, 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, fact should be so stated above.