

FILED NOV 18 1941

Registration District No. 830

Primary Registration District No. 4503

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbina Mo

(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 2.5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Shelbina (If outside city or town limits, write "RURAL")

(d) Street No. - (If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Joseph Conrad Berner

3. (b) If veteran name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1941 hour 12 minute 30 P. M.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Altha Berner

6. (c) Age of husband or wife if alive 17 years (Day) (Year)

7. Birth date of deceased June 17 1866 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15 1941 to Oct 3 1941; that I last saw him alive on 10-3-41 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 3 Days 16 If less than one day hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 3 mos

Due to Arterio-sclerosis

9. Birthplace Pana Ill (City, town, or county) (State or foreign country)

Other conditions mental deterioration (Include pregnancy within 3 months of death)

Due to mental deterioration

10. Usual occupation -

11. Industry or business Publisher

12. Name Engelbert Berner

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Germany (City, town, or county) (State or foreign country)

Major findings: Of operations 43a

Of autopsy 43a

PHYSICIAN -

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Joe B Berner

(b) Address Shelbina mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct 5 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina mo

18. (a) Signature of funeral director Hayes

(b) Address Shelbina mo

19. (a) Oct 8 - 41 (Date received local registrar)

(b) Ruth Joyner (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? -

While at work? (Specify type of place) -

(e) Means of injury -

23. Signature A. M. Hood (M. D. or other)

Address 10 - 4 - 41 Date signed -

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

02
02
1.

06731949

RECEIVED

District Health Officer No. 10

District File Number 11-41-2089

Date Filed NOV 15 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..... *Hayes*

Licensed Embalmer No. 1437

P. O. Address St. Louis, 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.