S. No. 2
—4-13-40
- 5-17-39
P I X23159

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

70
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942
Registration District No. 591

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5789

42551
State File No.
Registrar's No. 1

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Middletown (Rural) MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 15 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 70
(a) State Mo (b) County Montgomery
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Four miles S.E. Middletown Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CLARA GRACE BERGER
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 Robert T Berger
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased May (Month) 25 (Day) 1892 (Year)

8. AGE: Years 49 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Clarence (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —

MOTHER FATHER
12. Name Martin Carlton Smith
13. Birthplace — (City, town, or county) Missouri (State or foreign country)
14. Maiden name Mary E Turner
15. Birthplace Shelby Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Robert T Berger
(b) Address Middletown Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Middletown Mo
18. (a) Signature of funeral director F W Buhne
(b) Address Wellsville Mo
19. (a) Dec 31 41 (Date received local registrar) (b) Mrs. Vida Bethel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 30th day
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from Sept 1st 41, 19, to Dec 30th, 1941; that I last saw alive on Dec 29th, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocarditis	-
Due to Acute Nephritis	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. V. Strick (M. D. or other)
Address Middletown Mo Date signed 12/31/41

1066 (Licensed Embalmer's Statement on Reverse Side)

JAN 2 9 1942

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 Clifford C Kuehne

Licensed Embalmer No. 3069

P. O. Address Wellsville 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.