

No. 2

State File No.

FILED JUN 19 1942

Registration District No. 396

Primary Registration District No. 5552

Registrar's No.

1. PLACE OF DEATH: Jackson

(a) County Levasy

(b) City or town Levasy

(c) Name of hospital or institution: no

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX

In this community 36 yrs

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Levasy

(d) Street No. main st

(e) If foreign born, how long in U. S. A.? XX years.

3. (a) PRINT FULL NAME Mrs. Emma Christina Bergschneider

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 5

year 1942 hour 5:25 AM

3. (b) If veteran, name war

3. (c) Social Security No.

21. I hereby certify that I attended the deceased from March 20th, 1942, to May 5, 1942;

that I last saw her alive on May 3, 1942;

and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race wh

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

Immediate cause of death Spontaneous Pneumonia

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: Sept 30 1886

Due to Respiratory pneumonia

Due to following fracture of femur

8. AGE: Years 75 Months 7 Days 6

If less than one day hr. min.

9. Birthplace Emme Osage Missouri

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

10. Usual occupation housewife

11. Industry or business home

12. Name Wm. John Schroer

13. Birthplace Germany

14. Maiden name Anna Fluesmeier

15. Birthplace Germany

16. (a) Informant Mr. Harry Bergschneider

(b) Address Levasy Mo.

17. (a) BURIAL (b) Date thereof May 7/42

(c) Place: burial or cremation Levasy Mo.

18. (a) Signature of funeral director Thomas H. Kappert

(b) Address Buckner Missouri

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) 48

(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 1)

23. Signature John W. Robertson (M. D. or other)

Address Buckner, Mo. Date signed 5-15-42

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

MOTHER FATHER

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 _____

~~working under my personal supervision.~~

Registered Apprentice No. _____

Signed _____

Vernon M. Reppert

Licensed Embalmer No. _____

2321

P. O. Address _____

Buckner 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18118

Registration District No. 396

Primary Registration District No. 5552

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Emma C. Bergschneider

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 30 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

fracture of femur
Due to fall
stumbled & fell while walking in horse lot on farm.
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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) Accident
(b) Date of occurrence Feb 18 - 1942
(c) Where did injury occur? near Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm

While at work? Chow (Specify type of place) (e) Means of injury fell

23. Signature Joseph M. Robinson (M. D. or other) _____
Address Buckner, Mo Date signed 7-10-42

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

SUPPLEMENTARY

