

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21159

State File No. _____

Registration District No. 30-9314

Primary Registration District No. 5429 B

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Stentury
(b) City or town Corporation of Stentury
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 1/2 mi N.E. of Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 10 years
(Specify whether In this community years, months or days)

3. (a) PRINT FULLNAME AUGUST (Ar.) BERNDT

3. (b) If veteran, name war L 3. (c) Social Security No. 220 N E

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

6. (b) Name of husband or wife Mrs. Jennie Berndt 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July 17 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Saint Joseph MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mechanic

11. Industry or business MUSIC

12. Name Frederick W.M. Berndt

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

14. Maiden name Caroline QUINCY

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

16. (a) Informant C. S. Berndt

(b) Address Stentury MO

17. (a) Burial (b) Date thereof 7/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation above Amity Stentury

18. (a) Signature of funeral director Harry P. Phillips

(b) Address Stentury MO

19. (a) 7/13/42 (b) Harry P. Phillips
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Stentury
(c) City or town Stentury Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 N.E. of Stentury
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1942 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 24 1942 to July 2 1942 that I last saw him alive on July 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death leukemia salivary 2 yrs

Due to Anterior salivary

Due to 940

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No

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? No (Specify type of place) (c) Means of injury ✓

23. Signature Harry P. Phillips (M. D. or other)

Address Stentury MO Date signed July 2 1942

1108 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

Lator F. Phillips
Licensed Embalmer No. 1898

P. O. Address.....

Stouberg 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, fact should be so stated above.