

55  
60  
0

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Freistatt, Mo. <sup>Twp</sup>  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Freistatt, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
years, months or days) 21 years

3. (a) PRINT FULL NAME ANNA BERNTHAL

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

4. Sex Female / race White / divorced Married

6. (b) Name of husband or wife C Bernthal or to Age of husband or wife if alive yes years 74

7. Birth date of deceased: Jan 4th 1942  
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Frankenmuth Mich / 1  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business.....

MOTHER FATHER { 12. Name Peter Schukerbier 4

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

14. Maiden name? ?

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

16. (a) Informant Mrs. Alvin Bierman

(b) Address Freistatt Mo

17. (a) Church Cemetery Date thereof June 12th  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Church Cemetery

18. (a) Signature of funeral director Callaway, Jbb

(b) Address Monett, Mo

19. (a) July 10 1942 (b) Cunice Greene by A.M.  
(Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Missouri (b) County Lawrence 0

(c) City or town Freistatt 0  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1942 hour 8 minute P M.

21. I hereby certify that I attended the deceased from.....  
-----, 19..... to..... 19.....  
that I last saw h..... alive on.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Dead on my arrival  
Apoplexy?

Due to..... Jza!

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?

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

23. Signature Howard R. K... D.O  
Freistatt, Missouri Date signed 6/12

RECEIVED

District Health Officer No. 6,

District File Number 842-1086

Date Filed AUG 11 1942

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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 Floyd Ballway  
Licensed Embalmer No. 2066  
P. O. Address Monett 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.**