

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 10 1942

Registration District No. 230

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4345-5810

30908

State File No.

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Montgomery Co.  
(b) City or town Rhineland, Mo. Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution XX Laurel Camp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX (Specify whether years, months or days)  
In this community 77-5-29

3. (a) PRINT FULL NAME Katherine Bernet.

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married. 2 divorced Widowed  
6. (b) Name of husband or wife August Bernet. 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased March 8th 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 5 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.

MOTHER FATHER { 12. Name Theodore Winkelman.  
13. Birthplace Unknown German.  
(City, town, or county) (State or foreign country)  
14. Maiden name Hendrina Schless.  
15. Birthplace Unknown German.  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Dierkamp, Jr.  
(b) Address Rhineland, Mo. Rural

17. (a) Burial (b) Date thereof Sept 9th-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Starkenbergs, Mo.

18. (a) Signature of funeral director Paul R. Baker  
(b) Address Americus, Mo.

19. (a) Sept 9-1942 (b) Mrs Carrie A. Stuart  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7  
year 1942 hour 7 minute 6 A.M.

21. I hereby certify that I attended the deceased from Aug 14 1942 to Sept 7 1942  
that I last saw her alive on Sept 5 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death terminal stenocardia Duration 3 wks

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

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 J. J. Winkling (M. D. or other)

Address Starkenbergs, Mo. Date signed 9/8/42

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.....

D.B. Baker,

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*D.B. Baker*

Licensed Embalmer No. 3375

P. O. Address Americus, 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.**