

FILED JAN 18 1943

State File No.

Registration District No. 175

Primary Registration District No. 5647

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural, Frisvatt Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community since 1919
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Rural, Frisvatt Township
(If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
It yes, name country 0

3. (a) PRINT FULL NAME John Conrad Bernthal

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Anna Bernthal 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased July 7 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 20 hr. min.

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

10. Usual occupation Minister of the Gospel

11. Industry or business

12. Name John Leonard Bernthal

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

14. Maiden name Emigunda Victoria Kubel

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

16. (a) Informant Mrs Martin Kaiser

(b) Address R 3 Mt Vernon Mo

17. (a) Burial (b) Date thereof Nov 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frisvatt Cemetery

18. (a) Signature of funeral director Callaway

(b) Address Monett Missouri

19. (a) Dec 6 1942 (b) Conice Greene by
(Date received local registrar) (Registrar's signature) CGM

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 27
year 1942 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 20
1942 to November 26 1942

that I last saw him alive on November 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Valvular Heart Disease 4 yrs

Due to

Due to

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)

(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 Harold R. ... (M. D. or other) D.D.

Address Frisvatt, Mo Date signed 11-28-42

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

RECEIVED

District Health Officer No. 6;

District File Number 143-43

Date Filed JAN 7 1943

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.....

J. P. Buchanan
.....

Registered Apprentice No.....

working under my personal supervision.

Signed *J. P. Buchanan*
.....

Licensed Embalmer No. 3179

P. O. Address Mount Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.