

Registration District No. 291

Primary Registration District No. 4-33

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Unionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: MONROE Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community like this years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Putnam  
(c) City or town Unionville (If outside city or town limits, write "RURAL")  
(d) Street No. Unionville 718 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES WILLIAM BERNECKER

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

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased JAN 18 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation INFANT

11. Industry or business INFANT

12. Name W.F. BERNECKER

13. Birthplace Putnam County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name HAZEL BEATALDford

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

16. (a) Informant W.F. Bernescher

(b) Address Unionville, Mo

17. (a) Burial (b) Date thereof JAN-22-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Missouri

18. (a) Signature of funeral director Comstock FUNERAL HOME

(b) Address Unionville Mo. By J.W. Comstock

19. (a) 1-30-43 (b) C. Kelley  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 21  
year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 18 1943 to Jan 21 1943  
that I last saw him alive on Jan 21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Peteris Trade Form  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 161e

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?

23. Signature W.F. Bernescher (M, D, or other) 161e  
Address Unionville Mo. Date signed 1/21/43

Duration 3 da  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 2-43-337

Date Filed FEB 16 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed James W Pomstock  
Licensed Embalmer No. 4197  
P. O. Address Unionville 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.