S. No. 2
—11-10-39

FILED AUG 6 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24764

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 88

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

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Booneville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs. (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 27 0
(a) State Mo. (b) County Cooper
(c) City or town Tipton Mo (Rural)
(If outside city or town limits write "RURAL")
(d) Street No. 5 mi N.W. R.F.D.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME WALLACE DUANE BERKENBILE
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 16 (Day) 43 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 4 hr. min.

9. Birthplace Booneville Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Baker
11. Industry or business
FATHER
12. Name LEE ROY BERKENBILE
13. Birthplace Morgan Co Mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name OPAL L. GRAHAM
15. Birthplace MONITEAU Co Mo 0
(City, town, or county) (State or foreign country)
16. (a) Informant Lee Roy Berkenbile
(b) Address Tipton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Tipton Cemetary
18. (a) Signature of funeral director Jamie E. Richards
(b) Address Tipton Mo
19. (a) July-16-43 (Date received local registrar) (b) Dr Chas. Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16 year 43 hour 12 55 minute P. M.
21. I hereby certify that I attended the deceased from 7-16-43, 19__, to 7-16-43, 19__; that I last saw him alive on 7-16-43, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Patent foramen Ovale	✓
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

157

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. C. Hume MD (M. D. ~~or other~~)
Address Tipton Mo. Date signed 7-16-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 8-5-43

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 Me ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Jamell E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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, above space should be left blank.