

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

27680

Registration District No. 42Primary Registration District No. 1000Registrar's No. 958

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Methodist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether
 In this community 2 days
 years, months or days)

3. (a) PRINT FULL NAME Evelyn Bernauer

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

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

6. (b) Name of husband or wife Matz Bernauer 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January 9 1881
 (Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Eddyville Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife11. Industry or business David Gibson12. Name Unknown Iowa13. Birthplace Josephine Hutchinson
 (City, town, or county) (State or foreign country)14. Maiden name Unknown Iowa15. Birthplace Unknown Iowa
 (City, town, or county) (State or foreign country)16. (a) Informant Matz Bernauer
Hamilton, Missouri17. (a) Burial (b) Date thereof 8/27/1943
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Highland Cemetery18. (a) Signature of funeral director Walter Meisshofer
1302 Paragon St., St. Joseph, Mo.(b) Address 8-27-43 (c) Rose Henry
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bucha
 (c) City or town Hamilton
 (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 August day 25th.
 year 1943 hour 8:30 minute p. M.

21. I hereby certify that I attended the deceased from Aug 24
24 1943 to Aug 25 1943;
 that I last saw h. or alive on Aug 25 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism few minutes

Due to Radical breast amputation 1 day

Due to Cancer of breast years

Other conditions 50
 (Include pregnancy within 3 months of death)

Major findings: See above 50 PHYSICIAN

Of operations None
 Of autopsy None
 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 Paul Ferguson (M. D. or other)
 Address St. Joseph - Mo Date signed 8-26-43

Obituary

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..... *Albert R. Harrington*
Licensed Embalmer No... *3258 Missouri*
P. O. Address... *St. Joseph, Missouri.*

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.