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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1943

Registration District No. 373

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6269

State File No. F39[illegible]

Registrar's No. 43

1. PLACE OF DEATH:

(a) County: Webster

(b) City or town: Rural - Ozark township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether years, months or days)

In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Webster 112

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Ozark township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: x

3. (a) PRINT FULL NAME: Joseph Berberich

3. (b) If veteran, name war: x

3. (c) Social Security No.: x

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: x

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: March - 17 - 1873 (Month) (Day) (Year)

8. AGE: Years 70 | Months 7 | Days 23 | If less than one day: x hr. x min.

9. Birthplace: Pittsburg, Pennsylvania (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER
12. Name: Sebastian Berberich
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Welsh
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Alois Berberich
(b) Address: St. Louis, Missouri.

17. (a) Marshfield (Burial, cremation, or removal) (b) Date thereof: 10-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Marshfield Mo

18. (a) Signature of funeral director: Lee Lainey

(b) Address: Marshfield, Mo.

19. (a) Nov 10 43 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 year 1943 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Oct. 12 1943 to ____ 19____ that I last saw him alive on October 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	39 hours
Due to: Vascular Hypertension	Several years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

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): No

(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: C. P. Macdonnell (M. D. or other) M.D.

Address: Marshfield, Mo. Date signed 10/14/43

13614 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 31
12-43-1343
12-8-43

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

Signed Leo Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.