

FILED JAN 12 1944
366

Registration District No. _____

Primary Registration District No. 6241

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Potosi R.P. # 2 Bretan
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 49 Years
years, months or days

3. (a) PRINT FULL NAME John Bergman

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

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

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

7. Birth date of deceased May 30 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Mrs Elizabeth Bergman

(b) Address Potosi R 2

17. (a) Burial (b) Date thereof 11-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Mo.

18. (a) Signature of funeral director Boyer Funeral Home

(b) Address Potosi Mo.

19. (a) 12-18-1943 (b) Joseph L. Thurman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Potosi Mo. R.P. #2
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Mi. S. of Potosi
(If rural, give location)
(e) If foreign born, how long in U. S. A. 58 yrs. - 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1943 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 30
1943, to Nov 12, 1943,
that I last saw him alive on Nov 14, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma Liver

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature G.F. Presswell (M. D. or Other) _____

Address Potosi, Mo Date signed Nov 14

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

Rev. 5-17-39
1 X1951

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 4
District File Number 144-3221
Date Filed 1-11-44

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 C. H. Boyer

Licensed Embalmer No. 4158

P. O. Address Fatori, 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.