

FILED FEB 2 1945
Register District No.

Primary Registration District No. 5511

Registrar's No. 231

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON FIELDS CREEK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
COUNTY HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ARTHUR WELACH BERSHIRE

3. (b) If veteran, name war NONE
3. (c) Social Security No. 519-16-9103

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NELLIE E. BERSHIRE 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased AUG 6 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 24 If less than one day hr. min.

9. Birthplace CHRISTMAN ILL
(City, town, or county) (State or foreign country)

10. Usual occupation FARM LABORED

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 Arthur W. Berkshire
(b) Address Clinton - 511 N 2nd St.

17. (a) Burial (b) Date thereof 12-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shady Grove

18. (a) Signature of funeral director H. A. Hunsent
(b) Address Clinton, Mo.

19. (a) January 1, 1945 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 511 - N 2nd St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1944 hour 9:45 minute P M.

21. I hereby certify that I attended the deceased from Aug 27 1944 to Dec 29 1944
that I last saw him alive on Dec 29 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial with
X mitral insufficiency Duration

Due to

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)

(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) (e) Means of injury

23. Signature J. P. Hampton
Address Clinton, Mo. Date signed 12-30-44

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 W. A. Vansant
Licensed Embalmer No. 3779
P. O. Address Clinton

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.