S. No. 2
M—5-42
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

M.O. Bjerke

State File No. 12764

Registration District No. 28 | Primary Registration District No. 5090 | Registrar's No. 127

700

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

1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: Rockville RFD #1 (Prairie City)
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Bates
(c) City or town: Rockville MO. RFD (If outside city or town limits, write "RURAL")
(d) Street No.: (Prairie City) (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: MARY — Wagner
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Michael J. Wagner
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: Sept. 2, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	7	3	hr. — min.

9. Birthplace: BOHEMIA (City, town, or county) — (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: —
MOTHER FATHER
12. Name: FREDERICK FRYE
13. Birthplace: BOHEMIA (City, town, or county) — (State or foreign country)
14. Maiden name: —
15. Birthplace: BOHEMIA (City, town, or county) — (State or foreign country)
16. (a) Informant: Mrs. M.J. Wagner
(b) Address: Rockville Mo. RFD #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 8, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Prairie City Cemetery
18. (a) Signature of funeral director: Booth
(b) Address: Rich Hill Mo
19. (a) Apr. 7, 1945 (Date received local registrar) (b) Mrs. Edna Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1945 hour 9 45 minute a.m.
21. I hereby certify that I attended the deceased from Jan 1, 1942 to April 5, 1945; that I last saw h. alive on April 5, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 days
Due to: Hypertension	8 yrs.
Due to: arteriosclerosis	10 yrs.
Other conditions (Include pregnancy within 3 months of death): 830	
Major findings: Of operations: none performed	
Of autopsy: none performed	

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: M. O. Bjerke (M. D. or other) D.O.
Address: Rockville, Mo. Date signed 4/7/45

(Licensed Embalmer's Statement on Reverse Side)

RE[illegible] Officer No. 7,
D[illegible] 4-45-283
Dis[illegible] number
Date Filed 5-8-45

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 John J. Underwood

Licensed Embalmer No. 3585

P. O. Address Rich Hill, 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.