

FILED AUG 7 1945

Registration District No. 179

Primary Registration District No. 4288

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Lincoln
 (b) City or town Moscow Mills Mo.
(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.
 In this community In This Community (Specify whether years, months or days) 13 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
 (c) City or town Moscow Mills Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARGARET LENA BERGFELD

3. (b) If veteran, name war None 3. (c) Social Security No. 422-12-3138

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Bergfeld 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Dec 26 1919
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>6</u>	<u>18</u>	hr. min.

9. Birthplace Moscow Mills Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Henry Grant

13. Birthplace Lincoln County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mandel

15. Birthplace Moscow Mills Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arnold Bergfeld

(b) Address Moscow Mills Mo.

17. (a) Burial (b) Date thereof 7-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Hill Cem

18. (a) Signature of funeral director Wayne McCoy

(b) Address Troy Mo.

19. (a) Aug 2, 1945 (b) Pauline M. G...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1945 hour 1 minute 40 M.

21. I hereby certify that I attended the deceased from July 14 to July 14 1945 that I last saw her alive on July 14 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lymphatic Leukemia

Duration 2 mos.

Due to _____

Due to _____

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

Major findings: Of operations None Of autopsy None

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? _____

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

23. Signature J. L. Caruth (M. P. or other) MD
 Address Troy Mo. Date July 19/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-6-45

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 Wayne McCoy

License Embalmer No. 3586

P. O. Address Troy 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.