

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27045

State File No.

FILED SEP 8 1945

Registration District No. 33

Primary Registration District No. 8080

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Norborne
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community All His Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town Norborne 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Charles Berning

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
year 1945 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 26, 1945 to August 5, 1945;
that I last saw him alive on August 5, 1945;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife Carolina Berning

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept. 9th, 1878
(Month) (Day) (Year)

Immediate cause of death Arterial Hypertension

Due to _____

Due to diffuse atherosclerosis

Other conditions Aeritis - Cerebral
(Include pregnancy within 3 months of death)
Sclerosis - aortic insufficiency

8. AGE: Years Months Days If less than one day

68 9 26 hr. min.

9. Birthplace Near Norborne Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Of autopsy 97

MOTHER FATHER {

11. Industry or business _____

12. Name Philip Berning

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Wilhemene Ostman

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Berning

(b) Address Norborne Mo.

17. (a) Burial (b) Date thereof 8-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luthern Cemetary (Norborne)

18. (a) Signature of funeral director Marshall F. Home

(b) Address Carrollton Mo.

19. (a) 8-9-1945 (b) Max James Rafferty
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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? _____ (c) Means of injury 0

23. Signature Paige K. Korbell (M. D. or other) MD

Address 2115 South Pine, Norborne, Mo Date signed 8-8-45

1424

(Licensed Embalmer's Statement on Reverse Side)

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

7
2
0

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-7-45

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

Signed P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.