

FILED JAN 25 1946

Registration District No. 326

Primary Registration District No. 4479

Registrar's No. 14

1. PLACE OF DEATH

(a) County Schuyler Co MO
(b) City or town Queen City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(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 —

3. (a) PRINT FULL NAME

Linda Lee Bergman

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov 29 1944
(Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 2 If less than one day hr. — min. —

9. Birthplace Windsorville A.S. Hospital
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business —

12. Name Harold Bergman

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

14. Maiden name Thelma Forbes

15. Birthplace Putnam Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Bergman

(b) Address Queen City MO

17. (a) Buried (b) Date thereof Dec 2 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City Cem

18. (a) Signature of funeral director Wm A West

(b) Address Queen City MO

19. (a) 12/2/1945 (b) of Drake
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1945 hour 10 minute — A.M.

21. I hereby certify that I attended the deceased from Dec 1, 1945 to Dec 1, 1945
that I last saw him alive on Dec 1, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Hemorrhagic Purpura
Acute Hemorrhagic Purpura Duration 6 hrs

Due to Don't Know

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy 72h

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) (e) Means of injury —

23. Signature O.P. Brown (M.D. or other) DO
Address Queen City MO Date signed Dec 1 1945

RECEIVED

District Health Officer No. 10

District File Number 1-46-92

Date Filed JAN 23 1946

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 None

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

Signed

Wm O West

Licensed Embalmer No.

2882

P. O. Address

Independence 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.