

FILED MAR 15 1946

Registration District No. 25

Primary Registration District No. 3015

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 216 W 6th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. 216 W 6th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Katherine S Berger
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1946 hour _____ minute 4:30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Peter John Berger 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased: April 2 1891
(Month) (Day) (Year)

Immediate cause of death suicide by hanging
Due to _____
Due to _____

8. AGE: Years 54 Months 10 Days 19 If less than one day hr. _____ min. _____

Other conditions (Include pregnancy, within 3 months of death) _____
Major findings: Of operations 1640
Of autopsy _____

9. Birthplace Platte Co Neb.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence February 21, 1946
(c) Where did injury occur? Cameron Clinton, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
(Specify type of place)
(e) Means of injury 3

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter Borot

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Lucebans

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

16. (a) Informant Peter John Berger

(b) Address Cameron

17. (a) Burial (b) Date thereof 2-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron
19. (a) Feb. 23, 46 (b) Mrs. Roy Madgawater
(Date received local registrar) (Registrar's signature)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

3991

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No. 3760

P. O. Address.....

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.