

S. No. 2  
M-5-43  
7. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8274

FILED MAR 12 1946

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution 402 S Cedar St. 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 3 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Vernon <sup>108</sup>

(c) City or town Nevada, Mo <sup>1</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 402 S. Cedar St. 2  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Vernon Brockman

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 13th  
year 46 hour 11 minute 15 a.m.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

21. I hereby certify that I attended the deceased from Jan 15, 1946, to Feb 13, 1946, and that last saw him alive on Feb 12, 1946, and that death occurred on the date and hour stated above.

7. Birth date of deceased: January 25 1864  
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 19 hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Myocarditis.

Due to \_\_\_\_\_

Due to Don't know

9. Birthplace Clinton County Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Other conditions Advanced age,  
(Include pregnancy within 3 months of death)

11. Industry or business Farming

12. Name Fredrick J. Bergkman

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

14. Maiden name Minnie Newbark

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant G. F. Brockman

(b) Address S. Austin St.

17. (a) Removal (b) Date thereof 2-14-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beverly S. Roberts

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

(b) Address Nevada, Mo.

19. (a) 2-26-46 (b) Walter Jancy  
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) L

(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? L

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. Love (M. D. or other) no

Address Nevada Mo Date signed 2/13/46

331

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

ORDER No. 71

DATE 2-4-46

Date Filed 3-8-46

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 Marsh Eichinger  
Licensed Embalmer No. 2656  
P. O. Address Newark 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.**