

FILED SEP 6 1946

Registration District No. 69

Primary Registration District No. 5272

Registrar's No. 4

WRITE PLAINLY—USE **QUINACRIDINE** BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Christian
(b) City or town rural Polk
(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 58 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. George Berg.

3. (b) If veteran, none name war. 3. (c) Social Security No. none

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

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

7. Birth date of deceased February, 29, 1856
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 2 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business unknown

12. Name 9

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Henry Huber
(b) Address Billings, Mo. R#1

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

(c) Place: burial or cremation St. Mary's cemetery

18. (a) Signature of funeral director M. W. Maples

(b) Address Clever, Mo.

19. (a) Aug 3, 1946 (b) Mrs. Allene Dreier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Billings, R#1
(If rural, give location)
(e) Citizen of foreign country? born in Germany (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1946 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 16, 1946 to Aug 30, 1946
that I last saw him alive on Aug 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration 7 days

Due to Arterio-sclerotic hypertensive Cardio-renal disease 20 yrs

Due to 1210

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1 Of autopsy 1

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? Springfield
(Specify type of place) (e) Means of injury 0

23. Signature Charles A. Speare (M. D. or other) MD
Address Billings, Missouri Date signed 8-31-46

RECEIVED

District Health Officer No. 6,

District File Number 946-901

Date Filed SEP 4 - 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.....

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

Signed J.W. Myler

Licensed Embalmer No. 2985

P. O. Address Clermont

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.