. No. 2
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32581

State File No.

Registration District No. 4

Primary Registration District No. 6 0 2 2

Registrar's No.

1. PLACE OF DEATH:

(a) County ~~Benton~~ ATCHISON

(b) City or town RURAL, BENTON TWSP

(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State ATCHISON (b) County MISSOURI 3

(c) City or town BENTON TWSP. 0

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME FRED BERGMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife ANNA DUNBEUZEL

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 11 (Month) 21 (Day) 1875 (Year)

8. AGE: Years 70 Months 10 Days 19 If less than one day hr. min.

9. Birthplace ATCHISON CO. (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation FARMER

11. Industry or business

FATHER 12. Name RICHARD BERGMAN 4

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

MOTHER 14. Maiden name MARY MAGES

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

16. (a) Informant Mrs. Anna Bruna

(b) Address ROCK PORT, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/22/1946 (Month) (Day) (Year)

(c) Place: burial or cremation HUNTER CEM

18. (a) Signature of funeral director BARTHOLOMEW MORTUARY

(b) Address ROCK PORT

19. (a) 10-24-46 (Date received local registrar) (b) Beety Crabtree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 20 year 1946 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from ~~Oct. 18~~ Sep 13, 1946 to Oct 20, 1946 that I last saw him alive on Oct 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Vascular heart lesion — Duration

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NPD

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Chas. T. Sette (M. D. or other)

Address Rock Port Mo. Date signed 10-22-46

4

(Licensed Embalmer's Statement on Reverse Side)

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 Gratz Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port 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.