

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1688

FILED FEB 5 1947

Registration District No. 57

Primary Registration District No. 5668

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural (Calark)
(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: 1 hospital or institution. (Specify whether)
In this community In The Community
years, months or days 2 yr.

3. (a) PRINT FULL NAME GEORGE JOHN BERGERMIER

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

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

(b) Age of husband or wife if alive 74 years

7. Birth date of deceased June 21 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 0
If less than one day hr. min.

9. Birthplace New Mallie Missouri
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Andrew Bergermier

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

14. Maiden name Reinhardt

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

16. (a) Informant May Alice Bergermier

(b) Address Maplewood Mills Mo.

17. (a) Burial (b) Date thereof Jan 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Prairie

18. (a) Signature of funeral director Wayne D. E. Coy

(b) Address Irish Mo.

19. (a) 1-22-1947 (b) Mrs. Emma B. Riddle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(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? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1947 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from 2-20

1944, to 1-21, 1947
that I last saw him alive on 1-19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic

Due to Arterial Sclerosis

Due to old age

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 J. P. Neubert (M. D. or other)

Address Irish Mo. Date signed 1/27/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number
2-4-47
Date Paid

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..... *Wayne Mc Coy*
Licensed Embalmer No. *5586*
P. O. Address. *Troy 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.