

FILED MAR 12 1947

Registration District No. 178

Primary Registration District No. 4281

State File No. _____

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town CANTON CANTON
(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)

In this community ENTIRE LIFE
years, months or days

3. (a) PRINT FULL NAME Bertha Louise BERGMAN

3. (b) If veteran, name war no 3. (c) Social Security No. no r.c.

4. Sex Female 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

7. Birth date of deceased Aug 14 1857
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 7 hr. _____ min. _____

9. Birthplace La Grange Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Gerlach 9

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

14. Maiden name unknown

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

16. (a) Informant Mrs. E. B. Nestler 1

(b) Address Canton, Mo.

17. (a) Buried (b) Date thereof 2/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of informant E. B. Nestler

(b) Address Canton, Mo.

19. (a) 2/25/47 (b) J. W. Jennings, MD.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Canton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 901 Clark 0
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1947 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from June 38, 1938, to Feb. 21, 1947.
that I last saw her alive on Feb. 14, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 93

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature J. W. Jennings (M. D. or other) _____
Address Canton, Mo. Date signed 2/25/47

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

MOTHER FATHER

No. 10
3-47-493
MAR 11 1947

Date Filed

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 Emil Buckley

Licensed Embalmer No. 12615

P. O. Address Canton, 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.