

No. 2
12-45
17-39
X47070

FILED JUN 19 1947
Registration District No. **2474**

Primary Registration District No. **3056**

Registrar's No. **139**

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Woodland Hospital**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **12 Hours**
(Specify whether years, months or days) **35 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**
(c) City or town **Rural Sugar Creek**
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD #1, Care**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **GEORGE ELMER BERNARD**

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

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife **Nora Bernard** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **January - 12 - 1881**
(Month) (Day) (Year)

8. AGE: Years **66** Months **4** Days **28**
If less than one day hr. min.

9. Birthplace **Johinson Co Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER

12. Name **James Bernard**

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

14. Maiden name **Martha**

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

16. (a) Informant **Mrs. Nora Bernard**

(b) Address **RFD #1 Moberly Mo.**

17. (a) **Rural** (b) Date there **June - 11 - 47**
(City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly Mo.**

18. (a) Signature of funeral director **Snow General Home**

(b) Address **Moberly Mo.**

19. (a) **June 11 - 47** (b) **John William Coon**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9th**
year **1947** hour **5** minute **15** P.M.

21. I hereby certify that I attended the deceased from **June 9th 47** 19. to **June 9th 47** 19.
that I last saw him alive on **June 9th 47** 19.
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage 5 P.M.**
Due to **Hypertension cause unknown**

Due to
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **129**
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? **At home** (Specify type of place) (e) Means of injury
23. Signature **Thos. S. Fleming** (M. D. or other)
Date **June 12th 1947**

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

RECEIVED
District Health Officer No. 10
District File Number 6-47-729
Date Recd JUN-1-7-1947

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.....

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address *Woburn, Mass*

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.