

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3865

State File No. _____
Registrar's No. 38

FILED MAR 6 1948

Registration District No. _____

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Farber, Mexico
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Farber, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LULA MAY BERGMAN

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cornelius Bergman 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased April 10 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James S Shelton
13. Birthplace Easton Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Kathryn Smith
15. Birthplace Easton Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant C. H. Bergman

(b) Address Farber, Mo.

17. (a) Burial (b) Date thereof 2-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Blanch Smith
(b) Address Farber, Mo.

19. (a) 2/28/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1948 hour 3 minute 26 A.M.

21. I hereby certify that I attended the deceased from Feb 15
1948 to Feb 26 1948
that I last saw her alive on Feb 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration 6 hours

Due to Diabetes Mellitus 2 years

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61
Of autopsy _____
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 2

23. Signature A. B. Swan (M. D. or other) 10:0

Address 100 5th Ave St. Louis, Mo Date signed 2-28-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

M. F.

RECEIVED
District Health Officer No. 10
District File Number 3.45.429.
Date Filed MAR 4 1948

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.....

John F. Ellis, Registered Apprentice No. 494.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3820

P. O. Address.....

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.