

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 23 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4292

State File No. 13256

Registrar's No. 5-8

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Winfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community, years, months or days 4 yr

3. (a) PRINT FULL NAME CAROLINE MARIE BERGESCH

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harmon Bergesch 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased Feb 16 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 16 hr. min.

9. Birthplace St Charles County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Unknown

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

14. Maiden name

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

16. (a) Informant Harmon Bergesch

(b) Address Winfield Mo.

17. (a) Burial (b) Date thereof 4-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Evangelical Cem.

18. (a) Signature of funeral director Wm M. Boy

(b) Address Tracy, Mo.

19. (a) 4-14-48 (b) W. H. Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Winfield
(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 April day 12
year 1948 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from 3-5-48
to 4-10-48, 1948, that I last saw him alive on 4-10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 4/6

Of autopsy

PHYSICIAN

Underline the cause of 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

23. Signature W. H. Campbell (M. D. or other)

Address Clatsop, Mo. Date signed 4-14-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 22 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Wayne Mc Coy
Licensed Embalmer No. *3586*
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.