

FILED AUG 24 1948

Registration District No. **46**

Primary Registration District No. **4063**

Registrar's No. **42**

1. PLACE OF DEATH:

(a) County Caldwell
 (b) City or town Hamilton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Hotel Hamilton
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Months
 (Specify whether years, months or days)
 In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell **13**
 (c) City or town Hamilton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 201 Davis, Hotel Hamilton
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jacob Matties Bernauer

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

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

6. (b) Name of husband or wife Evelyn D. Bernauer
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 20 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 8 14 XX hr. XX min.

9. Birthplace Pittsburg Pennsylvania
 (City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business _____

12. Name Not Known

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

14. Maiden name _____
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. J.S. Craft Family Bible
 (b) Address 222 W. 4th St. Ottumwa, Iowa

17. (a) Burial (b) Date thereof Aug. 5th 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem. Hamilton, MO

18. (a) Signature of funeral director Dram Funeral Home
 (b) Address Hamilton, Mo.

19. (a) Aug. 5, 1948 (b) Gladys Jones
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd
 year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to Aug 3 1948
 that I last saw him alive on home, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion **2 hours**
 Duration

Due to _____
 Due to _____

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

Major findings: Of operations _____
 Of autopsy _____
 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? MO

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

23. Signature Frank R. Duley (M. D. or other) MO
 Address Hamilton, MO Date signed 8-3-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. Lester Brown

Licensed Embalmer No. *4972*

P. O. Address..... *Hamilton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.