

S. No. 2
OM-8-43
y. 5-17-39
PI X37823

Dr. Halling 00384

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 6 1944

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 152

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(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 26 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton 1
(If outside city or town limits, write "RURAL") _____
(d) Street No. 611 South Orchard 2
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH ALICE BERNARD

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Dec 26 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Hickory County MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name W.D. Thompson 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Grugler 9
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Bernard
(b) Address Independence Mo.

17. (a) Burial (b) Date thereof 9-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo.

19. (a) Sept. 12, 1944 (b) Georgia Litcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1944 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 18, 1944 to Sept 6, 1944
that I last saw him alive on Sept 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis with Uremia
Due to _____ Duration 3 weeks

Due to _____
Other conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 1318
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? _____

23. Signature D. R. P. Halling (Specify type of place) _____ (e) Means of injury _____
Address Clinton Mo. Date signed 9/12/44

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

212

1069

OCT 6 1944

RECEIVED

District Health Officer No. 7,

District 9-44-1896

Date Filed 10454

Handwritten notes and scribbles in the upper left corner.

Handwritten word, possibly "Name".

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 *Grace L. Wilkinson*

Licensed Embalmer No. *4376*

P. O. Address *Clinton 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.