

FILED MAY 17 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3023

Registrar's No. 84

1. PLACE OF DEATH:

(a) County HENRY CLINTON

(b) City or town \_\_\_\_\_  
(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 years, months or days)

In this community \_\_\_\_\_ 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HENRY

(c) City or town 611 So Orchard  
(If outside city or town limits, write "RURAL")

(d) Street No. Clinton Mo  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James T. Bernard

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

4. Sex mb 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 4 6 1864  
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Stuckey Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Joe Bernard

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

14. Maiden name Mary Ellen

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Sledge

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 4-18-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Fred Wilburn

(b) Address Clinton Mo

19. (a) April 19 45 (b) Myrtle Brouder  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month 4 day 17  
year 1945 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from March 15 1945 to April 17 1945; that I last saw him alive on April 16 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Duration 2 weeks

Due to Atherosclerosis embolism

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none (G3W)

Of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury D.

23. Signature S. B. Hingher (M. D. or other) M.D.

Address Clinton, Mo Date signed 4/19/45

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

12  
1  
2

RECEIVED  
Dist. No. 7,  
Dist. No. 4-45-442  
Date Filed 6-12-45

**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 Fred W. Whissner  
Licensed Embalmer No. 2478  
P. O. Address Clinton Ma

**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.