

S. No. 2
M-5-43
7. 5-17-39
I X36871

FILED JUN 11 1946
Registration District No. 237

Primary Registration District No. 4218

Registrar's No. 114

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

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Windsor
 (c) Name of hospital or institution: 211 S. Windsor Street,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Moses Bernard
 3. (b) If veteran, name war none
 3. (c) Social Security No. none
 4. Sex M
 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Lucinda Copenhagen
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased October 3, 1876
 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>69</u> | <u>7</u> | <u>28</u> | hr. min. |

9. Birthplace Hickroy County, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business Shoe repair shop

12. Name John C. Bernard

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

14. Maiden name Nancy Lou Gover
 (City, town, or county) (State or foreign country)

15. Birthplace St. Clair County, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Bernard
 (b) Address Windsor, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 2, '46
 (Month) (Day) (Year)
 (c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director Huston-Turner
 (b) Address Windsor, Mo.
 19. (a) 6-8-1946 (b) R.R. Kenney
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Windsor,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 211 S. Windsor St.,
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month May day 31st
 year 1946 hour 7 minute 20 p. M.
 21. I hereby certify that I attended the deceased from May 31, 1946 to May 31, 1946
 that I last saw him alive on May 31, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 hr.

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: none
 Of operations _____
 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 _____
 23. Signature J.A. Blackmore (M. D. or other)
 Address Windsor, Mo. Date signed 6-1-46

120

RECEIVED

DEPT. OF HEALTH OFFICER NO. 71

5-46-59

6-10-46

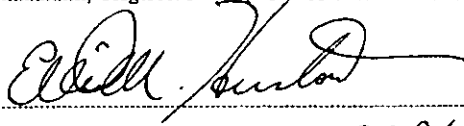
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3391

P. O. Address. Windsor, 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.