

## STANDARD CERTIFICATE OF DEATH

State File No.

43325

Registration District No.

296

Primary Registration District No.

5413

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Franklin
- (b) City or town Rural Union  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: 2  
(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

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Franklin
- (c) City or town Rural Union  
(If outside city or town limits, write "RURAL")
- (d) Street No. \_\_\_\_\_ (If rural, give location)
- (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## 3. (a) PRINT FULL NAME

Frank Peter Berend 153

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christine Berend (c) Age of husband or wife if alive \_\_\_\_\_ years
7. Birth date of deceased June 23, 1858  
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

## 11. Industry or business

12. Name Thomas J. Berend
13. Birthplace Germany  
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Fritz
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Martha M. Berend

(b) Address Union Union Mo

17. (a) (Burial, cremation, or removal) Union (b) Date thereof 12-16, 1939  
(Month) (Day) (Year)

(c) Place: burial or cremation I.C.C. Cemetery

18. (a) Signature of funeral director Wm. E. Hatchell

(b) Address Union, Mo

19. (a) Jan. 9, 1940 (b) M. H. Duckworth  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18  
year 1939 hour 2:30 a.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov. 10, 1938 to Dec. 12, 1939  
that I last saw him alive on Nov. 3, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of lip 2 years

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

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

Other conditions (Include pregnancy within 3 months of death) 45

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_
- (b) Date of occurrence \_\_\_\_\_
- 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 W. E. Hatchell (M. D. or other) 1  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

U.S. GPO: 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 \_\_\_\_\_

*W. H. Stone*

Licensed Embalmer No. *3175*

P. O. Address: *Union, 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, above space should be left blank.**