FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8500
Do not use this space.

1. PLACE OF DEATH
(a) County Warren — Registration District No. 884
(b) Township Charette — Primary Registration District No. 6176 — Registered No. 2
or
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. ✓ mos. 20 ds. ✓ (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Peter Bamberger
(a) Residence, No. Huntingburg, Ind. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 7th 1865
7. AGE: 64 YEARS, 4 MONTHS, 16 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: John Bamberger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Magdalena Rohrscheib
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): C. F. Sturm, Marthaville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: HOMER Ill. DATE: Feb 25, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Fred W. Lightenberg, Marthaville Mo.
20. FILED: Feb 23, 1940 — G. C. Johnson, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 22, 1940
22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1940, to Feb 22, 1944
I last saw her alive on Feb 22, 1940. Death is said to have occurred on the date stated above, at 730P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	mkn
131	
Other contributory causes of importance:	
Chr Myocarditis	mkn

Name of operation: nil — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G. C. Johnson, M. D.
(Address) Marthaville Mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.
V. S. No. 2.
50M-9-19-38
I X16605

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 A. Lichtenberg

Licensed Embalmer No. 1371

P. O. Address Mattawamkeag Me

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 85-00

Registration District No. 884 Primary Registration District No. 6176 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Charette
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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 John Peter BAUMBERGER

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

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

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 16 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER · FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 12/10/40 (Date received by local registrar) (b) H C Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1940 hour minute M.

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

Immediate cause of death — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. C. Johnson (M. D. or other)
Address Moberly Date signed

SUPPLEMENTARY

WRITE (SE-UNEADIN' BI INK—MAKE A PERM