

51
JAN 17 1940
Registration District No. 429

Primary Registration District No. 029554

Registrar's No. _____

1. PLACE OF DEATH

(a) County Johnson
(b) City or town Rural Washington County
(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 _____ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural
(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 Wesley Berringer

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 K. Berringer 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Oct 25 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____
12. Name unknown
13. Birthplace Penn
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant George Berringer
(b) Address Knob-Noster, Mo
17. (a) Buried (b) Date thereof Dec 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Knob Noster City Cemetery
18. (a) Signature of funeral director C. P. Saults
(b) Address Knob Noster Mo
19. (a) Dec 23 1940 (b) J. A. Koch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 25, year 1940 hour 2:10 minute pe 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 Apoplexy
Death occurred
suddenly at lunch table

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? 3
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. E. Porter M.D. (M. D. or other) _____
Address Knob Noster Mo Date signed 12/27/40

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

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.....

Fredley R. Saults

Registered Apprentice No. *249*

working under my personal supervision.

Signed *C. L. Saults*

Licensed Embalmer No. *1186*

P. O. Address *Knob Noster 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. *0.*