

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH4589
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 840
 (b) Township Wheeler Primary Registration District No. 6102 Registered No. 6 102
 (c) City Purico (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ira Eldera Bernard
 (a) Residence, No. Purico 1st W St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Jose Bernard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-1-1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 65 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Hamilton County Illinois

FATHER 13. NAME Edward Willis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton County Illinois

MOTHER 15. MAIDEN NAME Mary Long
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Sanford Mc Coy

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove 1-21

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Funeral Home Purico, Mo.

20. FILED Feb 21 1941 De Maria Dupel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1940, to Jan 20 1940. I last saw him alive on Jan 15 1940. Death is said to have occurred on the date stated above, at 6:20 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
12th
 Date of onset _____

Other contributory causes of importance: acute indigestion

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) E. J. Emmond, M. D.
 (Address) Purico, Mo.

RECEIVED

District Health Officer No. 2,

District File Number 241-151

Date Filed 2/5/41

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,

Virgil F. Helch

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Virgil F. Helch

Licensed Embalmer No. 4102

P. O. Address Deeter - M

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.