

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11349

State File No. _____

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 80

64
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital
(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 _____ 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bernice Burgher

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 25, 1910
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>7</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace Hannibal Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name M.E. Burgher

13. Birthplace Aurora Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Bertie Romberg

15. Birthplace Hannibal Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant M. B. Burgher
(b) Address 115 Shepherd Place

17. (a) Burial (b) Date thereof 3/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Carroll Smith

(b) Address 902 Broadway 448 X

19. (a) March 5, 1941 (b) M. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 1
(If outside city or town limits, write "RURAL")

(d) Street No. 115 Shepherd Place
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 20 P.
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 4, 1941 to March 4, 1941;
that I last saw her alive on March 4, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Tubercular Peritonitis
Due to Pulmonary
Bi-Lateral Tuberculosis

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy None

Duration _____

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 [Signature] (M. D. or other) [Signature]

Address Hannibal, Mo. Date signed 3/5/41

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed James A Mole

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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.