

FILED DEC 30 1942

Registration District No. 42

Primary Registration District No. 1180

Registrar's No. 1219

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1831 South 20th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 63 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1831 South 20th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARIA ADAMS BERGHOFF

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Dr. John T. Berghoff 6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 17 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 2 29 hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Arnold Adams
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Maria Schoenberg
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Berghoff
(b) Address 2607 Pacific Street
17. (a) Burial (b) Date thereof 12/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Paul J. Bergman
(b) Address St. Joseph, Mo. 319 S. 10th
19. (a) 12-18-42 (b) Rose Helwig
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1942 hour 10 minute 50 P. M.
21. I hereby certify that I attended the deceased from 12-1-42
to 12-16-42 19. ;
that I last saw him alive on 12-14- 19. 42
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration 17mo
Due to Senility & myocardial degeneration 55 yrs
Due to

Other conditions 93d
(Include pregnancy within 3 months of death)
Major findings: None
Of operations None
Of autopsy None

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? _____

23. Signature Paul J. Bergman (M. D. or other) _____
Address St. Joseph, Mo. Date signed 12-17-42

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

MOTHER FATHER

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.....

12/17/42....., Registered Apprentice No.....
working under my personal supervision.

Signed Harold Bowman.....

Licensed Embalmer No. 3619.....

P. O. Address St. Joseph, 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, fact should be so stated above.