

S. No. 2
FORM-2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1944-3-

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10614
Registrar's No. 28

Registration District No. 755 Primary Registration District No. 4080

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Norborne Mo. W. Ada Street
(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 60 years
In this community 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll
(c) City or town Norborne
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Anna Berning
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 8th
year 1944 hour One minute 15 AM
21. I hereby certify that I attended the deceased from 12/30/42
to 3/7/44
that I last saw her alive on 3/7/44
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife None 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 22 1870
(Month) (Day) (Year)

Immediate cause of death Acute Endocarditis Duration Ten days

8. AGE: Years 73 Months 9 Days 15 If less than one day hr. min.

Due to Chronic Myocardial Degeneration Some years.

9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation House Work.

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

11. Industry or business /
12. Name Henry Bratvogel.
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Earnifice Bratvogel
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations 93d
Of autopsy /
PHYSICIAN /
Underline the cause to which death should be charged statistically.

16. (a) Informant Ellen Berning Brown
(b) Address 2155 Kanawha K.C. Mo
17. (a) Burial (b) Date thereof 3. 10. 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairhaven Cemetery.

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? /

18. (a) Signature of funeral director John Deitch
(b) Address Norborne Mo
19. (a) 3-9-44 (b) Mrs. Jennie Rafferty
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) / (c) Means of injury /
23. Signature J. Gardner (M.D. or other) /
Address Norborne Date signed 3/9/44

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

17
2
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1053

RECEIVED-

District Hear

Order No. 8.

District File Number

Date Filed

4-12-44

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 me

Registered Apprentice No.

working under my personal supervision.

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne 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.