

FILED FEB 11 1946  
128

Registration District No.

Primary Registration District No.

2000

Registrar's No.

94

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Burge Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 Days**  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **Linn**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **935 N. Rogers**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **30**  
year **1946** hour **4** minute **25 P.M.**  
21. I hereby certify that I attended the deceased from **1-22**, 19**46** to **1-30**, 19**46**  
that I last saw **h.c.** alive on **1-30**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**  
Due to **Arterio sclerosis**

Duration

**no.**  
**yes.**

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **A**  
Of autopsy **A**

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) **no.** 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 **E. H. Underhill** (M. D. or D. O.)  
Address **Springfield, Mo.** Date signed **1-31-46**

3. (a) PRINT FULL NAME

**Mollie M. Bergman**  
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 **married**  
6. (b) Name of husband or wife **Robert S. Bergman** 6. (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **May 23, 1874**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **7** If less than one day hr. min.

9. Birthplace **UNK.** **Ky.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**  
**at home**

11. Industry or business

12. Name **(UNK.)** **mother**

13. Birthplace **UNK.** **unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **UNK.** **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss A. S. Underhill** 1

(b) Address **2520 Belfountain Kansas City**

17. (a) **Burial** (b) Date thereof **Feb 2-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazlewood Cem**  
**UNK. Singers Co.**

18. (a) Signature of funeral director **W. K. Singers**

(b) Address **Springfield Mo.**

19. (a) **2-1-46** (b) **E. H. Underhill**  
(Date received local registrar) (Registrar's signature)

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

9  
2  
6

612

111

LV 6

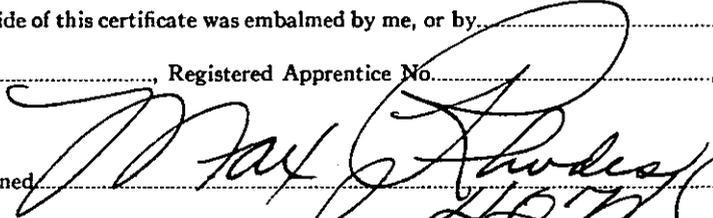
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**STATEMENT BY LICENSED EMBALMER**

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.....  


Licensed Embalmer No.....  
407

P. O. Address.....  
Springfield

**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.**