

Registration District No. 170

Primary Registration District No. 5635

1. PLACE OF DEATH:

(a) County Laclede
Phillipsburg
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Phillipsburg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Always
years, months or days)

3. (a) PRINT FULL NAME Nellie M. Berger

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

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

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

7. Birth date of deceased April 27 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 23
hr. min.

9. Birthplace Webster County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Edward McKelvey

13. Birthplace Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Mary W. Spratley
Pa.
(City, town, or county) (State or foreign country)

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Vallie Breech

(b) Address Phillipsburg, Mo.

17. (a) burial (b) Date thereof 1-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Mo.

18. (a) Signature of funeral director Palmer's
(b) Address Lebanon, Mo.

19. (a) Jan 25 1947 (b) Chris Frankenburg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Phillipsburg
(If outside city or town limits, write "RURAL")
(d) Street No. not numbered
(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 20
year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/8, 1945, to Jan 20, 1947,
that I last saw her alive on Aug 8, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 2 mo.

Due to hypertension years
mitral stenosis year

Due to _____
Other conditions paralysis agitans years
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 92B
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 _____

3. Signature James L. Hope (M. D. or other) Lebanon, Mo.
Address Lebanon, Mo. Date signed 1/24/47

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

MOTHER FATHER

152-

Received 1/30/47
Laclede County Health Unit
1-47-7
File No.
Date Filed..... 1/31/47

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. 1161

P. O. Address..... Lebanon 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.