

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Deoto Rural (Vale)

(c) Name of hospital or institution:  
7 mi south of Deoto 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_

In this community \_\_\_\_\_  
years, months or days Hoiglan (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(e) State Mo. (f) County Jefferson 50

(c) City or town Deoto Rural

(d) Street No. 7 mi south of Deoto 1  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IDA MAY BERNHART

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 20  
year 1947 hour 6 minute 9. M.

21. I hereby certify that I attended the deceased from  
18 apr 1947 to 20 apr 1947  
that I last saw her alive on 19 apr 1947  
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife W. E. Bernhart

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Aug 25 1874  
(Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage  
Duration 2 day

Due to Hypertensive cardio-vascular disease  
Due to \_\_\_\_\_ years

8. AGE: Years 72 Months 5 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Crawfod Co Mo (City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name C. W. Griffith

{ 13. Birthplace Columbus Ohio (City, town, or county) (State or foreign country)

{ 14. Maiden name Lavinia West

{ 15. Birthplace Miller Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Jim C. Bernhart

(b) Address Deoto Mo.

17. (a) Burial (b) Date thereof Apr 23 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery Deoto Mo

18. (a) Signature of funeral director [Signature]

(b) Address Deoto Mo.

19. (a) 5-2-47 (b) Marie Parria  
(Date received local registrar) (Registrar's signature)

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) MD  
Address Deoto, Mo. Date signed 2/10/47

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

Date Filed 5-7-47

District File Number.....

District Health Officer No. 9

RECEIVED

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 B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Delto 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.