. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31726

Registration District No. 128 — Primary Registration District No. 4285 — Registrar's No. 86

1. PLACE OF DEATH:
(a) County: LEWIS
(b) City or town: LEWISTOWN
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: LEWIS 56
(c) City or town: LEWISTOWN 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ALTA ELIZABETH BERGMAN
3. (b) If veteran, name war:
3. (c) Social Security No. 328-05-3473
4. Sex: FEMALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: Floyd BERGMAN
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: MARCH 27, 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	5	28	hr. min.

9. Birthplace: LEWIS County (City, town, or county) MO (State or foreign country)
10. Usual occupation: At home
11. Industry or business:
MOTHER FATHER
12. Name: John FRANKLIN SWEET
13. Birthplace: LEWIS County (City, town, or county) MO (State or foreign country)
14. Maiden name: SARAH JANE ROBERTS
15. Birthplace: LABELLE (City, town, or county) MO (State or foreign country)
16. (a) Informant: Floyd Bergman
(b) Address: Lewistown MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 27, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Deerridge MO
18. (a) Signature of funeral director: Lawrence Loder
(b) Address: Lewistown MO
19. (a) 9/29/47 (Date received by local registrar) (b) C. W. Jennings M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25 year 1947 hour 3:00 minute 10 A.M.
21. I hereby certify that I attended the deceased from ~~Sept~~ MAY 27, 1947, to September 25, 1947; that I last saw her alive on September 25, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemmorrhage	6 hrs
Due to: Hypertensive Cardio-Vascular disease	5 yrs
Due to:	
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.

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? (Specify type of place)
While at work?
(e) Means of injury: 0
23. Signature: O. M. Rouse (M. D. or other)
Address: LaBelle, Mo Date signed 9/27/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-47-1356
Date Filed OCT 6 1947

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 Charles L. Arnold, Sr., Registered Apprentice No. 67, working under my personal supervision.

Signed James A Cooper

Licensed Embalmer No. 2532

P. O. Address Lewistown 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.