

FILED APR 27 1948

Registration District No. _____

Primary Registration District No. **3016**

Registrar's No. **94**

1. PLACE OF DEATH:

(a) County **Cole**
(b) City or town **Jefferson City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Marys Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week.**
In this community **Life.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**
(c) City or town **Rural Liberty Township**
(If outside city or town limits, write "RURAL")
(d) Street No. **RR #3 Jefferson City**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15**
year **1948** hour **2** minute **25 P.** M.
21. I hereby certify that I attended the deceased from **Jan 1, 1948**
_____ 19____ to **April 15** 19**48**.
that I last saw her alive on **4/15** 19**48**.
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral thrombosis**
Due to **arteriosclerosis**
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings:
Of operations **S. B.**
Of autopsy _____

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? _____

(a) Informant **G. P. Bernskotter**
(b) Address **Jefferson City Mo**
(c) Place: burial or cremation **1909 Mo.**
(d) Date thereof **4/17/48**
(Month) (Day) (Year)

(a) Signature of funeral director **Sylvester Dulle**
(b) Address **Jefferson City, Mo.**
(c) Signature **R. P. Darrin MD** (M. D. or other)
(d) Date signed **4/16/48**
Address **Jefferson City Mo**

3. (a) PRINT FULL NAME **ENMA BERNSKOTTER.**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Henry Bernskotter** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **Sept 28, 1877**
(Month) (Day) (Year)

8. AGE: Years **70** Months **6** Days **17**
If less than one day _____ hr. _____ min.

9. Birthplace **Indo, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Jaest Pycke**

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

14. Maiden name **Unknown**

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

16. (a) Informant **G. P. Bernskotter**

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

0154

Date Filed APR 26 1948
District File Number
District Health Officer No. 9,

RECEIVED

JAN 28 1957
NOV 7 1956

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 Sylvester Dulle
Licensed Embalmer No. 4321
P. O. Address Jefferson City, 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.