

Filed JUN 12 1948
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town James City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1815 E 7th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years years, months or days

3. (a) PRINT FULL NAME Emil W Berger
(b) If veteran, name war none
(c) Social Security No. Do not know

4. Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 16 1890
(Month) (Day) (Year)

8. AGE: 57 Years 5 Months 15 Days If less than one day
hr. min.

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

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER {
12. Name Do not know 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Germany 9
(City, town, or county) (State or foreign country)

16. (a) Informant Career office
(b) Address 12 Smith

17. (a) Burial (b) Date thereof June 3 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Haven

18. (a) Signature of funeral director Pasantino Bros
(b) Address 123 W

19. (a) 6-2-48 (b) Bessaline Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson 48
(c) City or town James City MO 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1815 E 7th St 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1948 hour 9 minute 50 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Due to arteriosclerosis

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

Major findings: Of operations 93 D

Of autopsy no
History of Pancreatic
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) (c) Means of injury _____

23. Signature Jambell (M. D. or other)
Address 1424 1st St Date signed 5-31-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

F. S. Walter

Licensed Embalmer No. 2744

P. O. Address I. C. 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.