

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

No. 2
8-43
7-39
X37823

FILED AUG 24 1948

State File No. _____

Registration District No. 74

Primary Registration District No. 5305

Registrar's No. 9

1. PLACE OF DEATH Cole

(a) County Rural Liberty Township

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R R # 3 Jefferson City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Cole 26

(c) City or town Rural Liberty Township 0
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. R R # 3 Jefferson City, Mo. 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME EDWARD BERNSKOETTER

3. (b) If veteran, name war ✓

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1948 hour 5 minute 30 P. M.

4. Sex Male 5. Color of hair White

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

6. (b) Name of husband or wife Anna Stigman

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July 17 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4 April 48 1948 to 13 Aug 48 1948;
that I last saw him alive on 9 Aug 48 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration _____

8. AGE: Years 78 Months 0 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace Paos, Mo. (State or foreign country) 0

10. Usual occupation Farmer

Due to Hypertension

Due to arterio-sclerosis

Other conditions (include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name Henry Bernskoetter 4

13. Birthplace Serman (City, town or county) (State or foreign country) 4

14. Maiden name Magdalena Schwallen

15. Birthplace Serman (City, town or county) (State or foreign country) 4

Major findings: Of operations a

Of autopsy _____

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

16. (a) Informant Mrs. Ed Bernskoetter

(b) Address R R # 3 Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/48
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Subyester Dulle

(b) Address Jefferson City, Mo.

19. (a) 8-17-48 (Date received local registrar) (b) R. P. Davis md (Registrar's signature) md

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 _____ (Specify type of injury) _____

23. Signature James H. Miller (M. D. or other) md

Address 227 Jefferson (City) Date sig 14 Aug 48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 27 1949

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 Rulle*
Licensed Embalmer No. *4321*
P. O. Address *Jefferson City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.