

FILED FEB 14 1944

Registration District No. 520

Primary Registration District No. 6081

Registrar's No. _____

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

500

1. PLACE OF DEATH

(a) County St. Genevieve Co
(b) City or town Farmington R 4
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County St. Genevieve
(c) City or town Farmington R 4
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bert W. Newberger

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-26-9017

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, Divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 22 1904
(Month) (Day) (Year)

8. AGE: Years 40 Months 8 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Bother mo St. Francois Co
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Adam Newberger

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

14. Maiden name Washington

15. Birthplace Washington mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fannie Newberger

(b) Address Farmington mo R 4

17. (a) Burial (b) Date thereof Jan 28 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Line, Spirit mo

18. (a) Signature of funeral director Farmington Burial Co

(b) Address Farmington mo

19. (a) Feb. 1-44 (b) Geo Joseph Glesner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1944 hour 5 minute 40 P M.

21. I hereby certify that I attended the deceased from Jan 24, 1944, to Jan 26, 1944
that I last saw him alive on Thurs, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of kidney
Due to terminal disease

Due only prescribed medicine

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 520

Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Rappley (M. D. or other) _____
Address Farmington mo Date signed 1-27-44

950

RECEIVED

District Health Officer No. 4
District File Number 244-3431
Date Filed 2-11-44

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.....

me

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4084

P. O. Address Springton

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.