

MARGIN RESERVED FOR BINDING

If permit issued by sub-registrar, give date of issue

Sub-registrar's signature

BISMARCK TRIBUNE

VS 8 (10-11-55)

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REC'D JUN 5 1957

NORTH DAKOTA
CERTIFICATE OF DEATH
STATE DEPARTMENT OF HEALTH

State File No.

1470

Registrar's No.

305

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE North Dakota		b. COUNTY Walsh	
b. CITY, TOWN, OR LOCATION Rural Fargo Township		c. LENGTH OF STAY IN 11 276 days		c. CITY, TOWN, OR LOCATION Grafton	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Veterans Hospital		d. STREET ADDRESS 738 Cooper Avenue			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HENRY		(First) (Middle) (Last) BERNARD		4. DATE OF DEATH (Month) (Day) (Year) May 23, 1957	
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 26, 1872	9. AGE (In years last birthday) 85	If Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. Kind of Business or Industry Flour Mill		11. BIRTHPLACE (State or foreign country) Quebec, Canada	
13. FATHER'S NAME Roman Bernard		13a. MOTHER'S MAIDEN NAME Julia Cota		14. SPOUSE'S NAME Mrs. Josephine Bernard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Sp. American		17. INFORMANT Records of Veterans Administration			

22a. SIGNATURE M. F. KOSZALKA		(Degree or title)		22b. ADDRESS VA Center, Fargo, N. Dak.		22c. DATE SIGNED 5-23-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-23-57		23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		23d. LOCATION (City, town, or county) (State) Grafton, North Dakota	
24. FUNERAL DIRECTOR'S SIGNATURE Neal S. Neuburn		ADDRESS # 720		25. DATE RECD. BY LOCAL REG. May 5/27/57		26. REGISTRAR'S SIGNATURE Thos. L. Hanson	