

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

1863  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Andrew Registration District No. 9 5612  
 (b) Township Benton Primary Registration District No. 4009  
 (c) City..... (d) Street No. 7. 1/2 of Rosevale Registered No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. Savannah RFD # 3 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ardis Wertenberger  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1900  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37      6      23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lineman  
 9. Industry or business in which work was done, as saw mill, bank, etc. Electric Co.  
 10. Date deceased last worked at this occupation (month and year) Feb 23 1938 11. Total time (years) spent in this occupation 10 mos

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Missouri

FATHER 13. NAME Willard P. Wertenberger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Missouri

MOTHER 15. MAIDEN NAME Effie Cornelius

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Missouri

17. INFORMANT (ADDRESS) Mrs Ardis Wertenberger Savannah mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. James PK DATE Feb 5 38

19. FUNERAL DIRECTOR (ADDRESS) J. A. Bouman Savannah mo

20. FILED Feb 5 38 M. Wood Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from L., 19....., to 2, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Skull crushed.

Date of onset 2/3/38

**RECEIVED**

Other contributory causes of importance FEB 21 1938

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Name of operation..... Date of.....  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury Feb. 3, 1938

Where did injury occur? N. W. Applegate, Mo.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. sitting electric light pole in country  
 Manner of injury electric light pole slipped  
 Nature of injury crushed skull

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify denominator for R. E. S. 9

(Signed) J. H. Nicholas  
 (Address) Helena, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself 2/3/32  
L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision:  
Signed W. E. Summerfield  
Licensed Embalmer No. 3007

**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.)**