

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

7
0

JAN 12 1938

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

42245
Do not use this space.

1. PLACE OF DEATH *Bates*

(a) County *Bates* Registration District No. *47*

(b) Township *New Creek* Primary Registration District No. *40 29*

(c) City *Adrian* (d) Street No. _____ St. _____

(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 *Abbie Berntsen*

(a) Residence, No. *Adrian Mo.* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *William H. Berntsen*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug-23-1877*

7. AGE YEARS MONTHS DAs If LESS than 1 day, hrs. or min.

61 3 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Platt Co. Mo @*

FATHER 13. NAME *William Greenwood*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

MOTHER 15. MAIDEN NAME *Unknown Hardridge*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

17. INFORMANT *Wm H. Berntsen* (ADDRESS) *Adrian Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Parkville Mo* DATE *12/3 1938*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Leath & Dix Adrian*

20. FILED *Jan. 2 1939* *Ethel C Stephens* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 2 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 2 1938*, to *Dec. 2 1938*

I last saw her alive on *date unknown*. Death is said to have occurred on the date stated above, at *12:30 A.M.*

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

Angina Pectoria

Date of onset

Other contributory causes of importance: *g.H.*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *E. E. Robinson*, M. D.

(Address) *Adrian, Mo.*

RECEIVED
District Health Officer No. 71
District File Number 1-39-41
Date Filed 1-9-39

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,

Frederic W. Deaath

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Frederic W. Deaath

Licensed Embalmer No. 3343

P. O. Address *Adrian, 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, above space should be left blank.