MAY 18 1939

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

14104
Do not use this space.

1. PLACE OF DEATH
(a) County: Andrew
(b) Township:
(c) City: Savannah
Registration District No. 13
Primary Registration District No. 4010
Registered No. 24
(d) Street No.: St. Nichols Sanatorium St.
(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. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Henry Bertels
(a) Residence, No.: St. Nortonville Kans.
(Usual place of abode, if no street address, write county or city) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Bertels
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-5-1865
7. AGE: Years 75 Months 5 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farming
9. Industry or business in which work was done, as saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (month and year): April 1931
11. Total time (years) spent in this occupation: 49

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quedlinburg Germany

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Mrs Henry Bertels Nortonville, Kansas
18. BURIAL, CREMATION, OR REMOVAL PLACE: Nortonville, Ks DATE: April 15, 1939
19. FUNERAL DIRECTOR (ADDRESS): Frank A. Bowman Savannah, Mo.
20. FILED: Apr 15 1939 Mrs Jennie Pack Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-12-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-5-1939, to 4-12-1939, I last saw him alive on 4-12-1939. Death is said to have occurred on the date stated above, at 1.50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Other contributory causes of importance: Carcinoma under jaw. Primary site lower lip.	4 yrs

Name of operation: Growth removed Date of: 4-5-39
What test confirmed diagnosis? Physical Was there an autopsy? no

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? no
If so, specify
(Signed) Willard C. Stearns, M. D.
(Address) Savannah Mo.

(Licensed Embalmer's Statement on Reverse Side)

I X12004 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.

RECEIVED
Health Officer No. 1
File Number 11-39-5
Date Filed MAY 16 19

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. 3007 Apr. 12, 1939

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ✓

..... L. E. —

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed W. E. Cummings

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.)