REC'D SEP 13 1939

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

29815
Do not use this space.

1. PLACE OF DEATH
(a) County Newton — Registration District No. 612
(b) Township Van-Buren — Primary Registration District No. 8814 — Registered No.
(c) City — (d) Street No. Rural St.
(e) Length of residence in city or town where death occurred 53 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

632

2. PRINT FULL NAME Susan Fertig
(a) Residence, No. West of Wentworth Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thaddeus Fertig Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. retired housewife
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) Ohio

FATHER
13. NAME Abraham Boyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Mary Harmon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT James Fertig
(ADDRESS) Wentworth Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Van Buren DATE 8/13/39 19

19. FUNERAL DIRECTOR Victor O. Niemeyer
(ADDRESS) Pierce City Mo.

20. FILED 8-12 19 Grace Anderson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/10/39 19

22. I HEREBY CERTIFY, That I attended deceased from 8/9 19 39 to 8/10 19 39
I last saw h. alive on 8/9 19 39. Death is said to have occurred on the date stated above, at 3.30 P M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	?
Myocardial degeneration	?

Other contributory causes of importance: 93 C

Name of operation Date of
What test confirmed diagnosis? 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) Frank Kerr, M. D.
(Address) Monett Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 6

File Number 939-1849

Date Filed SEP 8 1939

STATEMENT BY LICENSED EMBALMER

I, Victor O. Kiemeyer, Licensed Embalmer No. 3822

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Victor O. Kiemeyer

Licensed Embalmer No. 3822

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)