

Registration District No. 464

FILED FEB 7 1940
Primary Registration District No. 56216

Registrar's No. 4

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Rural - Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Com. Hiway 40 - 4 mi. West Odessa - Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. 3 mi. East Odessa, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Margarett Francis Bertz 632

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward D Bertz 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept 10 1884
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Lexington - Lafayette Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Walter M Small

13. Birthplace Lexington - Lafayette Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Serepta J. Graham

15. Birthplace Lexington - Lafayette Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Aug G. Bertz

(b) Address 1 Mayfield Mo.

17. (a) Burial (b) Date thereof 1-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. Pholia Com - Lexington Mo.

18. (a) Signature of funeral director Edison H

(b) Address Odessa Mo

19. (a) 1-17-40 (b) Mrs E. M. Goodwin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17
year 1940 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from 1-17-, 1940 to 1-17-, 1940
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: Crushed Chest

Due to Struck by passenger train on crossing, while in car

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 5

(b) Date of occurrence 1-17-40

(c) Where did injury occur? Odessa Lafayette Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2nd & R.R. Crossing Odessa Mo
(Specify type of place)

While at work? _____ (e) Means of injury Collision

23. Signature W. H. Nesbit M.D. (M. D. or other)

Address Odessa Mo. Date signed 1/17/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number 47/40
Date Filed _____

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, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2945

P. O. Address Adessa 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.