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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 6 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18250

State File No.

Registration District No. 218 — Primary Registration District No. 3015 — Registrar's No. 48

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 10 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1011 West 7th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME William Bertman 635
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annabelle Bertman
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Feb. 3 (Month) (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
41	3	26	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Transfer & Coal Merchant
11. Industry or business Owner
FATHER
12. Name Barney Bertman
13. Birthplace (City, town, or county) Poland (State or foreign country)
MOTHER
14. Maiden name Bessie Sandler
15. Birthplace (City, town, or county) Poland (State or foreign country)
16. (a) Informant's own signature W. A. M. Bertman
(b) Address Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 1-40 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia or Hebrew Cemetery
18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, Mo.
19. (a) 5-31-40 (Date received local registrar) (b) D. E. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1940 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from June 1938, 19__, to 5-29-40, 19__;
that I last saw him alive on 5-29-40, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
carcinoma of stomach	2Y
Due to ---	
Due to ---	
Other conditions none (Include pregnancy within 3 months of death)	

46

Major findings: Of operations carcinoma of stomach
Of autopsy not done

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature A. C. van Ravenswoy (M. D. or other)
Address Boonville, Mo. Date signed 5-29-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/5-/40

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Brownville, Me

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

If this body is not embalmed, above space should be left blank.