REC'D JUN 3 1941

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

19162

Do not use this space.

1. PLACE OF DEATH

(a) County: Scott — Registration District No.: 814

(b) Township or (c) City: Benton — Primary Registration District No.: 4 — Registered No.:

(d) Street No.: — 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: 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 55 yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mary Anna Bertrand

(a) Residence, No.: Benton, 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*)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Charles Bertrand

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 25, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	80		10	

OCCUPATION

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.: Own Home

10. Date deceased last worked at this occupation (month and year): May 4, 1941

11. Total time (years) spent in this occupation: 55 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsace-Loraine France

FATHER

13. NAME: Joseph Eberhardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsace-Loraine France

MOTHER

15. MAIDEN NAME: Solome Heimberger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsace-Loraine France

17. INFORMANT (ADDRESS): Mrs. Louise Huber, Benton, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: St. Denis Cemetery - Benton DATE: May 8, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Welch, Sikeston, Mo.

20. FILED: 5-6, 1941 Mildred Foster, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 5, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1941, to May 5, 1941

I last saw her alive on May 5, 1941. Death is said to have occurred on the date stated above, at 6:03 pm.

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

	Date of onset
Cerebral Hemorrhage	May 5 '41
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

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) M. P. Brogan, M. D.

(Address) Benton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X16805

RECEIVED
District Health Officer No
District File Number 641-6
Date Filed 6/2/41

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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address Sebeston, M

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

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