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.

FILED AUG 14 1941

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

25608
Do not use this space.

1. PLACE OF DEATH
(a) County Marion — Registration District No. 548.
(b) Township — Primary Registration District No. 4323. — Registered No. 23.
(c) or City Palmyra — (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 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bertha Marie Gottmann
(a) Residence, No. Palmyra, Missouri 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: Female
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: J. Casper Gottmann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 28, 1883
7. AGE: YEARS 57 — MONTHS 6 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

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. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

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

MOTHER
15. MAIDEN NAME: Caroline Gross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palmyra, Mo.

17. INFORMANT (ADDRESS): Casper Gottmann, Palmyra, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Palmyra, Mo.
PLACE Greenwood Cem. DATE 7/11/41 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Lewis Bros, Palmyra, Mo.
20. FILED July 11, 1941. Gertrude Lee, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10, 1941

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to July 10, 1941
I last saw her alive on July 9, 1941. Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

Uremia
Polycystic kidney.

46B

Date of onset

Other contributory causes of importance:
Possible Cancer of Stomach

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) Dr. J. A. Hall, M. D.
(Address) Palmyra Mo.

487

(Licensed Embalmer's Statement on Reverse Side)

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, ~~XXXX~~ by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Geo. B. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra, Mo.

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

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