U. S. No. 2
M—9-4-41
5-17-39

FILED AUG 10 1943

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26274

Registration District No. 326 Primary Registration District No. 6101 Registrar's No. 29

1. PLACE OF DEATH:

(a) County: Scotland
(b) City or town: ~~Gorin~~ "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Harrison Funeral
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Scotland
(c) City or town: Gorin. Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Famie Lucretia Bertram

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: Married
6. (b) Name of husband or wife: Charles Bertram
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: August (Month) 17, (Day) 1889 (Year)

8. AGE: Years 57 Months 11 Days 3 If less than one day hr. min.

9. Birthplace: Clark County Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:

MOTHER FATHER
12. Name: John T. St. Clair
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Mary Frances Turner
15. Birthplace: Knox County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Charles Bertram
(b) Address: Gorin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 23-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Wyaconda Cemetry
18. (a) Signature of funeral director: Geo. T. Barkett
(b) Address: Memphis Mo
19. (a) July 26-1943 (Date received local registrar) Bernice Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 12, 1940 to July 20, 1943 that I last saw her alive on July 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial pneumonia	9 days
Due to: Carcinoma of the Head of Pancreas	4 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death): 469	

Major findings:
Of operations: Carcinoma Head of Pancreas
Of autopsy:

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?
While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: E. E. Leffler (M. D. or other) MD
Address: Memphis, Mo. Date signed 7-26-43

1093 (Licensed Embalmer's Statement on Reverse Side)

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1/43

RECEIVED
District Health Officer No. 10
District File Number 8-43-1262
Date Filed AUG 9 1943

AUG 11 1943

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 Fred Gerth

Licensed Embalmer No. 4756

P. O. Address Memphis

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, fact should be so stated above.