No. 2
—2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31421

Registration District No. 64 Primary Registration District No. 5242 Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County Chariton - Twp. Bee Branch

(b) City or town Bynumville. Rural.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 48 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton 21

(c) City or town Bynumville
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME Joseph Frank Bertsch

3. (b) If veteran name war —

3. (c) Social Security No. —

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Catherine Hagen

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May (Month) 4 (Day) 1868 (Year)

8. AGE: Years 75 ~~76~~ Months 4 Days 25 If less than one day hr. 11 min.

9. Birthplace Baden (City, town, or county) Germany (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name David Bertsch 4
13. Birthplace Baden (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Barbara
15. Birthplace Baden (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant David Bertsch
(b) Address Bynumville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Mary's

18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo.

19. (a) 10/2/43 (Date received local registrar) (b) R A Gehring (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 12, 1942
, 1943, to Sept 29, 1943
that I last saw him alive on Sept 21, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral arteriosclerosis	3 yrs.
Due to	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

97

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 F. L. Harris (M. D. or other) MD.
Address Salisbury Mo Date signed 10-2-43

1023

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 10-7-43
[illegible]

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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline M

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.