

Registration District No. 132

Primary Registration District No. 30215480

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

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton Rural - Trenton Twp. State Missouri
(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 2 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) County Grundy State Missouri (b) County Grundy
(c) City or town Trenton R.R. (If outside city or town limits, write "RURAL.")
(d) Street No. Trenton Township (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME

Rachel D. Bertschman

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 24 year 1943 hour 4 minute 30 p. M.

21. I hereby certify that I attended the deceased from Sept 10 1943 to Nov 24 1943

that I last saw her alive on Nov 20 and that death occurred on the date and hour stated above.

Immediate cause of death Organic Disease of Heart
Duration Several years

Due to _____

Due to _____

Other conditions Bronchial Asthma Several years
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 9502

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? No.

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

23. Signature D. B. Books (M. D. or other) _____

Address Trenton Mo. Date signed 11-30-43

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 Widow

(b) Name of husband or wife Simon Bertschman 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased February 26, 1857 (Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 28 or _____ min.

9. Birthplace Beardstown Illinois (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Yezekeiah Lindsey

13. Birthplace no data (City, town, or county) (State or foreign country)

14. Maiden name Julia no data

15. Birthplace no data (City, town, or county) (State or foreign country)

16. (a) Informant Fred Bertschman

(b) Address Kennett Mo.

17. (a) Burial Oakwood Cem Milan Mo. (Burial, cremation, or removal) (b) Date thereof Nov 27, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Schoerger (b) Address Milan, Mo. (Frank D.)

19. (a) 12-3-43 (Date received local registrar) (b) L. D. Roberts (Registrar's signature)

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.....

Frank D. Schoen

Licensed Embalmer No.....

2016

P. O. Address.....

Milan, N.J.

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.