

FILED JUL 20 1944

Registration District No. **173**

Primary Registration District No. **3036**

55
1

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Lawrence MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 229 McCall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 8 yr
years, months or days)

3. (a) PRINT FULL NAME VENNIE BERTSEN

3. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jack Bertsen 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Oct 11 1980
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Lindley County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Charles Cooper
13. Birthplace Fairfield Ill
(City, town, or county) (State or foreign country)
14. Maiden name Mary Calum
15. Birthplace Lindley County MO
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Bertsen

(b) Address Lawrence MO

17. (a) Burial (b) Date thereof 6/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Burial Home

18. (a) Signature of (funeral) director Osian Mers

(b) Address Lawrence MO

19. (a) 6-4-44 (b) Cunice Bruce
(Date received local registrar) (Registrar's signature) (Date)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Lawrence MO 55
(If outside city or town limits, write "RURAL")
(d) Street No. 229 McCall Lawrence MO
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1944 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from May 7 1944 to May 2 1944
that I last saw her alive on May 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma
Due to Chronic Diabetic Mellitus
Due to not known

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy

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) (e) Means of injury No

23. Signature Neil Smith Address Lawrence MO Date signed 6/4/44

Duration 7 days
PHYSICIAN not known
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 744-850

Date Filed JUL 17 1948

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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address.....

Quincy Mo

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.