DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12612

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 99

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scotland
(c) City or town Rutledge Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 99
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Bertram
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amanda
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Jan (Month) 29 (Day) 1860 (Year)

8. AGE: Years 85 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Scotland Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Banking
11. Industry or business
FATHER
12. Name Conrad Bertram
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dora Last name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Amanda Bertram
(b) Address Rutledge Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Rutledge Cemetary
18. (a) Signature of funeral director Tirth & Baskett
(b) Address Memphis Mo
19. (a) 4-24-45 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 17 year 1945 hour 8 minute 20 P M.
21. I hereby certify that I attended the deceased from March 22nd, 1945, to April 17, 1945; that I last saw him alive on April 17, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia ✓	4 wks.
Due to Partial prostatic obstruction and cardiovascular renal disease.	3-4yrs.
Due to	
Other conditions No operation (Include pregnancy within 3 months of death)	

Major findings: Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature George E. Grim (M. D. or other) M.D.
Address Kirksville, Missouri. Date signed 4-19-45

1049 (Licensed Embalmer's Statement on Reverse Side)

OCT 31 1947

RECEIVED
District Health Officer No.
District File Number 5-45-8
Date Filed MAY-1-0-1945

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 Kirk

Licensed Embalmer No. 4256

P. O. Address Memphis

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

If this body is not embalmed, fact should be so stated above.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Mar

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 99

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Bertram

3. (b) If veteran, name war 0

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 29 (Day) 1860 (Year)

8. AGE: Years 85 Months 2 Days 19 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 17 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Cardiovascular renal disease partial prostatic obstruction sev yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1310
Of autopsy

Duration

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 George E. Grim (M. D. or other) MD

Address Date signed

SUPPLEMENTARY

126012