

FILED DEC 21 1945

Registration District No.

Primary Registration District No. 4056

State File No.

Registrar's No. 361

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Frank
(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. 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Frank
(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 Bertha George

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 single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased dec 10 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business.

MOTHER FATHER { 12. Name William George
13. Birthplace Bollinger Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Agella Batcher
15. Birthplace Stoddard Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant T. P. Mc Kenzie
(b) Address Frank Mo

17. (a) Burial (burial, cremation, or removal) (b) Date thereof. 12-16-45
(Month) (Day) (Year)
(c) Place: burial or cremation Shrin Memorial Park

18. (a) Signature of funeral director W. Stein
(b) Address F. I. S. K. 810

19. (a) 12/15/45 (b) R. H. Menetree
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1945 hour about 4 minute A M.

21. I hereby certify that I attended the deceased from Dec 1, 1945, to Dec 1, 1945;
that I last saw her alive on Dec 1, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Left Ventricular Failure Duration
Due to Chronic Myocarditis

Due to.
Other conditions Chronic Colitis
(Include pregnancy within 3 months of death)

Major findings: Of operations.
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 Gordon Thompson (M. D. or other) MD
Address Frank, Mo Date signed 12/15/45

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

1422

RECEIVED

District Health Office No. 2,

District File Number 1245-2412

Date Filed 12/12/45

JAN 10 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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.