

S. No. 2  
M-2-43  
5-17-39  
X35697

FILED JAN 21 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5351

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
3903 Paseo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 46 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3903 Paseo  
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. MARY EVELYN BERTRAM

3. (b) If veteran, name war NO

3. (c) Social Security No. 500-226524

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25<sup>TH</sup>  
year 1945 hour 1 minute 45<sup>P</sup> M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife MR. FRED ALBERT BERTRAM

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased OCTOBER 6 1898  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 1945 to \_\_\_\_\_ 1945  
that I last saw her alive on 12/19 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 2 Days 19  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary thrombosis Duration 1/2 hr.

Due to Influenza 6 da.  
Hypothyroidism 8 weeks

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

10. Usual occupation Clerk

11. Industry or business Phillips Petroleum Co.

12. Name John Henry Chivers

13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Eliza Stacker

15. Birthplace Keysteville Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marjorie A. Wallace

(b) Address 3963 Paseo

17. (a) Burial (b) Date thereof Dec 27 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director W. H. Newcomer

(b) Address 1401 B West Creek Blvd

19. (a) 12-27-45 (b) W. H. Newcomer  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature James S. Smith (M. D. or other) \_\_\_\_\_

Address 218 Prof. Bldg. Date signed 1/7/46

PHYSICIAN  
Underline the cause to which death should be charged statistically.

W.C. No. \_\_\_\_\_

318  
11-5

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo.

**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.**