S. No. 2 4-8-43	DEPARTMENT OF COMMERCE THE STATE BOARD OF F	HEALTH OF MISSOURI 34338
5-17-39 PJ X37823	51	
7.07-22	Registration District No. Primary Registration District	
	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
77a	(c) County Pettis	(a) State Missouri (b) County Pettis
7 8	(b) City or town Sedalia  (lf outside city or town limits, write "RURAL" and name of township)	C) atlahap
•/ ਨੂੰ ∣	(a) Nome of hospital or institution:	(c) City or town (if outside city or town limits, write "RURAL")
6 🖺	Bothwell Hospital	1314 Foot 11th St
F	(If not in hospital or institution, write street number or location)	(d) Street No. 1527 Edge Later (If rural, give location)
/, Z	(d) Length of stay: In hospital or institution le Day	(A) Citizen of familian countries
43	In this community	(e) Citizen of foreign country?(Yes or No)
/ 월	years, months or days)	If yes, name country
PERMANENT RECORD	3. (a) PRINT ALONZO BERTHOLF	MEDICAL CERTIFICATION
	FULL NAME ALONZO BERTHOLI	20. DATE OF DEATH: Month Oct. day 21
4	3. (b) If veteran, 3. (c) Social Security	year 1946 houbout 9.30 minute P.M.M.
8	name war No 702-16-3068	,
A.F		21. I hereby certify that I attended the deceased from
¥	5. Color or 6. (a) Single, widowed, married,	October, 11, 19464?M October, 21, 1946 . P.M.
7	4. Ser Male racWhite divorcedMarried /	that I last saw thim, alive on October, 21, 1946. 55 of O.D.M. and that death occurred on the date and hour stated above.
., •Z ∣	6. (b) Name of husband or wife	and that death occurred on the date and hour stated above.
€″ <u>₩</u>	Lula alive 64 years	Immediate cause of death Corebral hemmorrhage.  Duration  Odays.
<b>₹</b> □	7. Birth date of deceased Nov. 1 1877	IXX
	(Month) (Day) (Year)	
UNFADING BLACK INK—MAKE	8. AGE: Years Months Days If less than one day	Due to Hypertemaive heart disease. Chronic.
Ž.	68 11 20nrmin.	
AĽ	Lutman Missouri ()	Due to Coronary heart disease, with angina
Ž	9. Birthplace (City, town, or county) (State or foreign country)	Dectoris.
Ċ	Poil amplem	Other conditions (Include pregnancy within 3 months of death)
-USE	10. Usual occupation BOILDINGS (Retired)	
β	11. Industry of business	Major findings: N
, k	E ( 12. Name Charles Bertholf	Major findings: No operation.
j j	N.Y.	the cause to
5	(City, town or sounts) Offman (State or foreign country)	Of autopsy No autopsy hones to charged sta-
7.	I 17. Maidta Mine.	charged sta-
WRITE PLAINLY	8 15. Birthplace Mo.	22. If death was due to external causes, fill in the following:
₽	(City, town, or county) (State or foreign country)  Mrs Alonzo Bertholf	(c) Accident, suicide, or homicide (specify)
[H]	16. (a). Informant MTS ALONZO BETCHOLL  (b) Address Sedalia, MO.	11
_ =	(b) Address 5003118,100,	(b) Date of occurrence
	17. (a) Burial (b) Date thereof 10/23/46  (C) (Month) (Day) (Year)	(c) Where did injury occur? (City or town) (County) (State)
	Smithton Mo.	(d) Did injury occur in or about home, on farm, in industrial place, in public place?
	(c) Place: burial or cremation Olivino	Appenity type of place)
•	18. (a) Signature of funeral director	While at work (c) Means of injury XXXX
	(b) Address, Sedalia	23. Signature 2 Trader (M.D. om M.D.
	19. (a) 10/23/46 (b) Betty Geager	
	(Date seceived loca) registrar) (Date seceived loca) registrar)	Address.
	(Licensed Embalmes's Sta	stement on Reverse Side)
	<del></del>	

RECEIVED			
District Health Officer No. 8			
District File Number			
Date Filed 11-2-4			

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse	e side of this certificate was embalmed by me, or by
	· Danistanud Application No.
	; Registered Apprentice No
working under my personal supervision.	Gen Dilland

P.O. Address Dedaua

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.