

FILED JAN 20 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County BUCHANAN

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

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

(d) Length of stay: In hospital or institution 3 days  
Specify whether

In this community 3 days  
years, months or days

3. (a) PRINT FULL NAME BLANCHE SIGLER

3. (b) If veteran, name war no

3. (c) Social Security No. not stated

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife BERTSEL (c) Age of husband or wife if alive -- years

7. Birth date of deceased 9 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 3 26 hr. min.

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

10. Usual occupation ABTRACTOR

11. Industry or business 4

12. Name WM. SMITH

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

14. Maiden name EMMA PRICE

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

16. (a) Informant Dockery Gentleman

(b) Address Pantron, Mo.

17. (a) Burial (b) Date thereof 1/7/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany, Mo.

18. (a) Signature of funeral director G. N. Price

(b) Address Bethany, Mo.

19. (a) 1-6-47 (b) G. B. Jenkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON 44

(c) City or town BETHANY  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5  
year 1947 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 2, 1947, to Jan 5, 1947, that I last saw her alive on Jan 5, 1947, and that death occurred on the day and hour stated above.

Immediate cause of death Acute Cardiac Dilatation

Due to Gangrenous Femoral Nerve 4 days

Due to Strangulation of Femoral Nerve

Other conditions 122A  
(Include pregnancy within 3 months of death)

Major findings: Gangrenous Strangulated Femoral Nerve

Of operations on Rt side

Of autopsy on Rt side

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 2

23. Signature Hubert Henry (M. D. or other) DO

Address 823.7000 Date signed 1-5-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 21 1947

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**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..... *Thornton H. Huas* .....

Licensed Embalmer No. *2861* .....

P. O. Address..... *Bethany, 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.**