No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31096

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3891

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: ST LUKES HOSPITAL O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 MONTH 3 DAYS (Specify whether

In this community 44 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3 (If outside city or town limits, write "RURAL")

(d) Street No. 2015 E. 42nd STREET 8 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME JOHN T. BERTRAM

3. (b) If veteran, name war No

3. (c) Social Security No. 487-05-7845

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. RUTH BERTRAM

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased DECEMBER (Month) 21 (Day) 1902 (Year)

8. AGE: Years 44 Months 8 Days 18 If less than one day hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation MECHANIC

11. Industry or business B & R AUTO ELECTRIC CO.

FATHER
12. Name LOUIS F. BERTRAM, SR.
13. Birthplace (City, town, or county) GERMANY (State or foreign country) 4

MOTHER
14. Maiden name EMMA MEHLENORN
15. Birthplace (City, town, or county) GERMANY (State or foreign country) 4

16. (a) Informant MRS. RUTH BERTRAM

(b) Address 2015 EAST-42ND STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-12-1947 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 9th year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 7 1947 to Sept 9 1947 that I last saw him alive on Sept 9 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation, acute	14 days
Due to: Sub acute bacterial endocarditis	60 days.
Due to: Rheumatic heart disease	undetermined
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 92-b

Of autopsy Vegetations aortic & mitral valves

PHYSICIAN — Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature McDonald McFarland (M. D. or other) M.D.

Address 315 Alameda Rd Date signed Sept 10, '47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John E Drake Registered Apprentice No. 504 working under my personal supervision.

Signed E Oscar Northey

Licensed Embalmer No. 1967

P. O. Address Kansas City

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.