

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7081

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32c PRIMARY REG. DIST. NO. 6105 Registrar's No. 16

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Scotland</u>                                   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u> b. COUNTY <u>Scotland</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><u>Rural</u> | c. LENGTH OF STAY (In this place)<br><u>4 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Gorin (Hanson) Mo</u>                                       |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |   | d. STREET ADDRESS (If rural, give location)  |  |

|   |                                  |  |   |  |   |  |
|---|----------------------------------|--|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Eizabeth</u> b. (Middle) <u>Bertram</u> c. (Last) <u>Bertram</u> |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb 22 1949</u> |  |   |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widow</u> | 8. DATE OF BIRTH<br><u>June 10 1857</u>                     | 9. AGE (In years last birthday)<br><u>91</u>             | IF UNDER 1 YEAR<br>Months <u>9</u> Days <u>12</u> | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>       |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Lee County Iowa</u>            |   | 11. BIRTHPLACE (State or foreign country)<br><u>Iowa</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>    |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME<br><u>William Eggert</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Louise Miller</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>William Bertram</u>                          |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.                           |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs Chas Brown Rutledge Mo</u> |  |

|   |  |  |  |  |   |  |
|---|--|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 weeks</u>                                  |  |
| ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Fractured Hips</u><br><u>Caused by fall</u>   |  | DUE TO (c) <u>Unk &amp; Deceased</u>   |  |  | June 1948<br>or   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)           |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?                      |  |

22. I hereby certify that I attended the deceased from June 3, 1948, to Feb 22, 1949, that I last saw the deceased alive on Feb 7<sup>th</sup> 1949, and that death occurred at 2 P.m., from the causes and on the date stated above.

|  |  |   |                                 |   |  |  |  |  |
|--|--|---|---------------------------------|---|--|--|--|--|
| 23a. SIGNATURE (Degree or title)<br><u>F.M. Johnson M.D.</u> |  |   | 23b. ADDRESS<br><u>Gorin Mo</u> |   |  | 23c. DATE SIGNED<br><u>3-5-49</u>                          |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>Feb 25 1949</u>               |                                 | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Gorin Cemetery Gorin</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Mo</u> |  |  |
| DATE REC'D BY LOCAL REG.<br><u>3/4/49</u>                    |  | REGISTRAR'S SIGNATURE<br><u>P M Baker 407</u> |                                 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Gertha Bassett</u>         |  | ADDRESS<br><u>Memphis Mo</u>                               |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

APR 15 1949

RECEIVED

District Health Officer N

District File Number 3-41

Date Filed MAR 7 - 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Albert C Gerth

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4257

P. O. Address Memphis m

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.