

FILED APR 6 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8264

1249

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (If in this place) <u>17 years</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		4. STREET ADDRESS (If rural, give location) <u>2208 EAST-43RD STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>2208 EAST-43RD STREET</u>			
3. NAME OF DECEASED (Type or Print) <u>HAZEL</u>		a. (First) <u>Irene</u>		b. (Middle) <u>BERTRAM</u>		c. (Last)	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 17, 1921</u>	
9. AGE (In years last birthday) <u>27 yrs</u>		# UNDER 1 YEAR Months _____		# UNDER 1 YEAR Days _____		# UNDER 1 YEAR Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cookie Packer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>National Bisquit</u>		11. BIRTHPLACE (State or foreign country) <u>Holton, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard E. Lane</u>		13b. MOTHER'S MAIDEN NAME <u>Daisy Kelley</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK L. BERTRAM</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-16-5830</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANK L. BERTRAM</u> ADDRESS <u>2208 EAST-43RD STREET KANSAS CITY, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Postoperative obstruction</u>				7 days			
DUE TO (c) <u>Ruptured tubal pregnancy</u>				6 weeks			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6450</u>							
19a. DATE OF OPERATION <u>3-5-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rupture of tubal pregnancy</u>				20. AUTOPSY? YES ☒ NO ☐	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>V</u>			
22. I hereby certify that I attended the deceased from <u>March 4, 1949</u> , to <u>March 16, 1949</u> , that I last saw the deceased alive on <u>March 16, 1949</u> , and that death occurred at <u>8</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert T. Shuey</u> (Degree or title) <u>M.D.-U</u>				23b. ADDRESS <u>3903 Brooklyn</u>		23c. DATE SIGNED <u>3-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MARCH-19-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-19-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u> ADDRESS <u>1404 BRUSH CREEK BLVD KANSAS CITY, MISSOURI</u>			

(Licensed Embellisher's Statement on Reverse Side)

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

2:30-5

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

Edward M. Storey

Signed.....

Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *B. C. 4 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.