

FILED JUN 28 1946
STANDARD CERTIFICATE OF DEATH

State File No. **20059**

Registration District No. **137**

Primary Registration District No. **4218**

Registrar's No. **122**

1. PLACE OF DEATH:
 Henry
 (a) County
 Windsor,
 (b) City or town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
WARD 110 S. Tebo /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **40 years** (Specify whether years, months or days)
 In this community **40 years**

2. USUAL RESIDENCE OF DECEASED:
 Missouri Henry **42**
 (a) State (b) County
 Windsor, **2**
 (c) City or town (If outside city or town limits, write "RURAL")
 110 S. Tebo, **1**
 (d) Street No. (If rural, give location)
 No (Yes or No)
 (e) Citizen of foreign country? No
 If yes, name country

3. (a) PRINT FULL NAME Edward Bertrow
 (b) If veteran, name war **WW**
 (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **22**
 year **1946** hour **5** minute **45** a.m.
21. I hereby certify that I attended the deceased from **5-1**
1946 to 5-22 1946
 that I last saw him alive on **5-22 1946**
 and that death occurred on the date and hour stated above.

4. Sex M **5. Color or race** W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Margaret Peel
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased December 25, 1867
 (Month) (Day) (Year)

Immediate cause of death
urine poisoning
 Due to *Prostatic hypertrophy*
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy
 Duration **6 days**
 570

8. AGE: Years **78** Months **4** Days **27**
 If less than one day hr. min.

9. Birthplace Belgium **4**
 (City, town, or county) (State or foreign country)

10. Usual occupation Foreman Coal Mine
11. Industry or business Coal Mining

12. Name Edward Bertrow
13. Birthplace Belgium **4**
 (City, town, or county) (State or foreign country)
14. Maiden name M. LaClerk
15. Birthplace Belgium **4**
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed. Bertrow
 (b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof **5-24-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 Windsor, Missouri

18. (a) Signature of funeral director **Huston-Turner**
 (b) Address Windsor, Mo.

19. (a) 6-19-46 (b) **R. H. Kenney**
 (Date received local registrar) (Registrar's signature)

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
23. Signature *Ray B. Jordan* (M. D. or other)
 Address *Windsor Mo* Date signed **5-24-46**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

APR 11 1950

RECEIVED

District Health Officer No. 4.

5-46-44

6-26-44

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 *Edwin W. Hurston*

Licensed Embalmer No. 3391

P. O. Address *Wendover 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.