

S. No. 2
4-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34834

FILED NOV 10 1944

Registration District No. 837

Primary Registration District No. 3046-5796

Registrar's No. 206-

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

1. PLACE OF DEATH:

(a) County Moniteau Co

(b) City or town Rural Walker
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jamestown, Mo., Rt #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
Life (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Jamestown Mo., Rt #2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Margaret English

3. (b) If veteran, No name war _____

3. (c) Social Security No. NO

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife A.V. English 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct 22 1878
(Month) (Day) (Year)

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

66 0 6 hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name John J. Scheurer

13. Birthplace Switz 5
(City, town, or county) (State or foreign country)

14. Maiden name Anna E. Stiner

15. Birthplace Switz 5
(City, town, or county) (State or foreign country)

16. (a) Informant Henry J. English

(b) Address Jamestown Mo.

17. (a) Burial (b) Date thereof Oct. 30. 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shilo Cem.

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo

19. (a) Oct 30-44 (b) R. J. Rillel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1944 hour 6/45 minute _____ A.M.

21. I hereby certify that I attended the deceased from 3-9
Oct 27 to Oct 28 1944

that I last saw her alive on Oct 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 week

Due to Generalized arteriosclerosis 11 years

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: 83a
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to 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) _____
While at work _____ (e) Means of injury 0

23. Signature L. L. Latham (M. D. or other) _____
Address California, Mo Date signed 10-30-44

AUG 7 1947

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-9-44

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.