Bertman

REC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5849
Do not use this space.

1. PLACE OF DEATH
(a) County Boone 1 Registration District No. 72
(b) Township Primary Registration District No. 4041 Registered No. 37
(c) City Centralia (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 226 Carrie B Sageser
(a) Residence, No. Centralia, Mo. St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX f
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Sageser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 1870
7. AGE YEARS 69 MONTHS 6 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo. 0

FATHER
13. NAME L. S. Fuller 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 0

MOTHER
15. MAIDEN NAME Bennett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo.

17. INFORMANT (ADDRESS) Eyra T Fuller Hannibal Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo DATE 2/18 1939
19. FUNERAL DIRECTOR (ADDRESS) M. J. McDonald 36 Centralia Mo.
20. FILED 2/17 1939 Frank W. Bradley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1939, to Feb. 17, 1939
I last saw her alive on Feb. 17, 1939. Death is said to have occurred on the date stated above, at 1125 A m.
The principal cause of death and related causes of importance were as follows:

Phenobarbital Poisoning — Date of onset 2/14/39

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Ed Bertman D.O.
(Address) Centralia Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

115

STATEMENT BY LICENSED EMBALMER

I M J McDonald, Licensed Embalmer No. 2589

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed M J McDonald

Licensed Embalmer No. 2589

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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
(a) County Boone — Registration District No. 72
(b) Township — Primary Registration District No. 4041 — Registered No.
(c) City Centralia — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carrie B. Sagesser
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	6	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ..... 19.....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/14, 1939, to 2/16, 1939
I last saw her alive on Feb. 16, 1939. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pheno Barbital Poisoning	

Other contributory causes of importance:
General ill health

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2/14, 1939
Where did injury occur? Centralia Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Own home
Manner of injury Took 60 grs. Phenobarbital
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ed Bestmann, M.D.
(Address) Centralia Mo.

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.