

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

**35539**  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township St Joseph Primary Registration District No. 1001 Registered No. 1058  
 (c) City St Joseph (d) Street No. Ma. Meth. Hospital 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 6 yrs. 3 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Polly Bertrem  
 (a) Residence, No. Saxton Add RR #6 St.  Route 6 - St Joseph Mo  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Bertrem  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27th 1870  
 7. AGE YEARS 69 MONTHS 1 DAYS 19 If LESS than 1 day, hrs. or min.  
 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.  
 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) Ridge way, Mo  
 13. NAME Newton Kistworth  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT Lee Edward Bertrem  
 (ADDRESS) RR #6 St Joseph Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Oct. 17th 1939  
 19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.  
 (ADDRESS) 1946 Calhoun St. Joseph, Mo  
 20. FILED Oct 16 1939 A. J. Seacrest  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16th 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1939 to Oct 16 1939  
 I last saw h. e. r. alive on Oct 15 1939 Death is said to have occurred on the date stated above, at 7:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Bronchitis Pneumonia  
Doubt  
 Date of onset 12/16  
 Other contributory causes of importance:  
Ant Arterio Cholecyctoma  
 Name of operation None Date of 7:30  
 What test confirmed diagnosis? X-ray Was there an autopsy? Yes  
 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) L. J. Seacrest, M. D.  
 (Address) 620 Wisconsin St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

11  
5  
7

1939 NOV 20 1939

---

---

**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.....

*C. G. Swan*

Licensed Embalmer No.....

*4082*

P. O. Address.....

*St Joseph, 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, above space should be left blank.**