. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33649

Registration District No. 21 Primary Registration District No. 5085 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BATES
(c) City or town RURAL WEST POINT TWNSHIP
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERTHA CAROLYN TRUED
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband ~~or wife~~ ALFRED H. TRUED
6. (c) Age of husband ~~or wife~~ if alive 62 years
7. Birth date of deceased JUNE (Month) 24 (Day) 1890 (Year)

8. AGE: Years 57 Months 2 Days 28 If less than one day hr. min.

9. Birthplace OMAHA, NEBRASKA (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
MOTHER FATHER
12. Name JACOB FROSTROM
13. Birthplace GOTTENBERG (City, town, or county) SWEDEN (State or foreign country)
14. Maiden name CAROLINA ENGVALL
15. Birthplace (City, town, or county) SWEDEN (State or foreign country)
16. (a) Informant BEATRICE CORDER
(b) Address 2007 E 82nd ST K.C. MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9 26 47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ WEST POINT
18. (a) Signature of funeral director Archert Mangold
(b) Address Amsterdam MO
19. (a) 9-25-47 (Date received local registrar) (b) R.A. Mangold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22 year 1947 hour 18:45 ~~A.M.~~ P.M.
21. I hereby certify that I attended the deceased from July 21, 1944, 19 to September 22, 1947 that I last saw her alive on September 15, 1947, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1 Hour
Due to: Bacterial Endocarditis	4 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 94A	
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? (c) Means of injury
23. Signature W. H. Schuster M. D. or other D.O.
Address Amoret, Missouri Date signed 9-24-47

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.