REC'D MAY 11 1939

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

14247
Do not use this space.

85

1. PLACE OF DEATH

(a) County BUCHANAN — Registration District No. 1001

(b) Township WASHINGTON — Primary Registration District No. — Registered No. 368

(c) or City ST. JOSEPH — (d) Street No. 1715 JONES STREET, 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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HARRY S. BARTLETT

(a) Residence, No. 1715 JONES STREET, St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 8, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	10	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED FARMER
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) NEW HAVEN OHIO

FATHER
13. NAME CHARLES E. BARTLETT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HAMILTON CITY, OHIO

MOTHER
15. MAIDEN NAME MATTIE E. SMITH
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DECATUR, OHIO

17. INFORMANT (ADDRESS) ABBIE BARTLETT 1715 JONES ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK CEM DATE APRIL 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO

20. FILED 4/7 1939 H. J. Westlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 5, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from April 5th, 1939 to April 5, 1939
I last saw him alive on April 5th, 1939. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	?

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Other contributory causes of importance:
General Arteriosclerosis and diabetes

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Loretta M. Crawford, D.C. ~~M.D.~~
(Address) 402 Ballinger Bldg. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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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.....John E. Rupp.....

Licensed Embalmer No. 3986

P. O. Address.....St. Joseph.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.