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.

DEC 12 1939

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

39213
Do not use this space.

1. PLACE OF DEATH
(a) County Cape
(b) Township
(c) City Cape Girardeau Mo.
(d) Street No. St. Francis 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 yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 125
Primary Registration District No. 3009
Registered No. 382

2. PRINT FULL NAME Roy Edward Bartels
(a) Residence, No. 631 Whitewater Mo. R.F.D.#2 St. Whitewater, Mo. R#2
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Blanche Bartels
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10th. 1896
7. AGE: YEARS 43 MONTHS 6 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (month and year): Nov. 13-1939
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Acronridge Mo.

FATHER
13. NAME: Daniel H. Bartles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Whitewater Missouri

MOTHER
15. MAIDEN NAME: Carrie Hollis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Acronridge Missouri

17. INFORMANT (ADDRESS): Mrs. Edna Gartung Fredricktown Mo.
18. BURIAL, CREMATION, OR REMOVAL: Whitewater Mo.
PLACE: Barks Chapel DATE: Nov. 19-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stubbs Funeral Home Chaffee Mo. [signature]
20. FILED 11-16, 1939 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 16, 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1939, to Nov 16, 1939
I last saw him alive on Nov 16, 1939. Death is said to have occurred on the date stated above, at 2:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
INTESTINAL OBSTRUCTION (VOLVULUS)	

Other contributory causes of importance:

1228

Name of operation: ENTEROSTOMY Date of 11/15/39
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
12 (Signed) [signature], M. D.
(Address) Cape Girardeau Mo

(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, Earl J Smith, or by .....

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

Signed Earl J Smith

Licensed Embalmer No. 2676

P. O. Address Cape Girardeau

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.