

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29900
Registrar's No. 25

Registration District No. 834
Primary Registration District No. 6097

1. PLACE OF DEATH:
(a) County Stoddard A
(b) City or town Bell City Mo
(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) 2
(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days) 6 m

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Bell City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME EMMETT ELIOT BARTLETT
3. (b) If veteran, name war no 3. (c) Social Security No. no

20. DATE OF DEATH: Month Aug day 30 year 1948 hour 110 minute 11 M.
21. I hereby certify that I attended the deceased from July 15, 1940 to Aug 30, 1940 that I last saw him alive on Aug 30, 1940 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Tonie Bartlett 6. (c) Age of husband or wife 54 years alive 6 (Month) 1883 (Day) (Year)

Immediate cause of death Dilatation of Pulmonary Artery
tuberculosis
Duration _____

8. AGE: Years 50 Months 8 Days 24 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Pope County Ark (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation farmer

Major findings: Of operations none

11. Industry or business farmer

Of autopsy none

MOTHER FATHER { 12. Name Cyrus Bartlett

13. Birthplace Ark (City, town or county) (State or foreign country)

14. Maiden name Belle Poe

15. Birthplace Ark (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Benny Bartlett

(b) Address Bell City Mo

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Appleton Cem Ark

18. (a) Signature of funeral director Edward St. Morgan

(b) Address Advance Mo

19. (a) Sept 4 - 40 (b) D S Mc See (Date received local registrar) (Registrar's signature)

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) none

(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? yes

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. Anderson (M. D. or other) _____

Address Lebanon Date signed 8-30-48

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.

RECEIVED

District Health Officer No. 2,

District File Number 940 - 142

Date Filed 9/6/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.