

FILED MAR 19 1941

Registration District No. 6247

Primary Registration District No. 3079

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Nannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1406 Park Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Nation Hospital (Specify whether  
In this community Four years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Carrie Bartram

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Married  
7. (b) Name of husband or wife Refuse W. Bartram 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased November 5, 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 6 If less than one day — hr. — min.

9. Birthplace (Do not know) Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

MOTHER FATHER 11. Industry or business

12. Name John Roof  
13. Birthplace (Do not know) Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Casper  
15. Birthplace (Do not know) Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Refuse W. Bartram  
(b) Address Nannibal Mo.  
17. (a) Burial (b) Date thereof Jan. 13, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Gary, Indiana

18. (a) Signature of funeral director Ray P. Schwartz  
(b) Address Nannibal, Missouri

19. (a) 3-5-41 (b) H. C. Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Missouri 3  
(If outside city or town limits, write "RURAL")  
Street No. 1406 Park Avenue  
(If rural, give location)  
(c) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 11  
Year 1941 Hour 10 minute — A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction - dead -  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 700 lb

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) myocardial infarction  
(b) Date of occurrence January 11 - 1941  
(c) Where did injury occur? at death in Park Ave  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? no (Specify type of place) (c) Means of injury myocardial infarction

23. Signature Thos. L. Luffman (M.D. or other) Adm. Comm.  
Address 1082 N. 3rd Nannibal, Mo Date signed 1/11/1941

**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 \_\_\_\_\_

*Ray P. Schwartz*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Ray P. Schwartz*

Licensed Embalmer No. \_\_\_\_\_

*1762-8*

P. O. Address \_\_\_\_\_

*Hammond, 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.**

In the matter of the Inquest concerning the death of Carrie Bartram, held before Thos. L. Anderson, Justice of the Peace, acting as Coroner on the 11th. day of January, A.D. 1941 in the City of Hannibal, Mason Township, Marion County, Missouri.

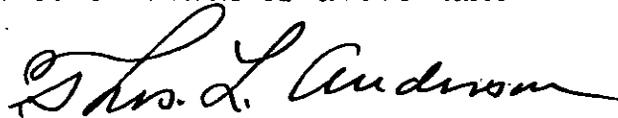
FILED MAR 13 1941

Copy of Verdict of Jury.

" After having heard the evidence and upon full inquiry concerning the facts and a careful examination of said body do find that the deceased came to her death, being found dead about 2 or 3 feet from the stairs, cause of death not known to Jury"

(Signed) M.S. Archdeacon,  
Sam P. Brammer,  
C. L. Anderson,  
D.C. Griffeth,  
N. McCartney,  
Gene Ruoff.

I, the undersigned Justice of the Peace and acting Coroner in the above named Inquest, do hereby certify that the above is a true copy of the verdict of the Jury, duly impaneled to inquire into the cause of death of above named deceased.



Justice of the Peace and Acting Coroner.