

7-39
X26390
FILED AUG 29 1941

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 802 Woodlawn
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry M. Bartels

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race White 6. (a) Single/widowed, married, divorced Married

6. (b) Name of husband or wife Blanche Bartels 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 31 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 3 26 hr. min.

9. Birthplace Centralia Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Postal Clerk

11. Industry or business

12. Name John Bartels

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

14. Maiden name Emelle Heibeck

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

16. (a) Informant Mrs. Blanche Bartels

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof July 28, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Paul E. Coil

(b) Address Mexico, Mo.

19. (a) July 27-1941 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1941 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from July 3
41, 1941, to July 26, 1941;
that I last saw him alive on July 26, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Multiple Aneurysm of Aorta
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Resected part of aortic arch, Aorta sig.
Of autopsy _____

Duration
July 3 - 26-41

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? (e) Means of injury _____

23. Signature Paul E. Coil (M. D. or other) _____

Address Mexico, Mo. Date signed 7-26-41

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

SEP 29 1941

65X

RECEIVED

District Health Officer No. 10

District File Number 8-41-1538

Date Filed AUG 20 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.....

Earl E. Precht, Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27700

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Mexico
(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)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry M. Bartels
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased mar 31, 1886 (Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 12 (If less than one day min.)

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11-2-41 (b) Blanche Neely (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day _____ year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him _____ live on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Carcinoma of Abdomen

Due to Primary Sect. of Malignancy
On rectum

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

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

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

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

Address _____ Date signed _____

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

SUPPLEMENTARY

