S. No. 2
M—1-4-41
v. 5-17-39
I X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30502

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7841

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

00
17
9

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. Baptist Hospital ()
(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 Missouri (b) County 90

(c) City or town Ellington N.R. ()
(If outside city or town limits, write "RURAL")

(d) Street No. Rural ()
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Doris Lucille Ray Bartlett

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Richard T.

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Feb. (Month) 7 (Day) 1907 (Year)

8. AGE: Years 34 Months 7 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name T. R. Ray
13. Birthplace Gilman City (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Laura E. Carty
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Richard T. Bartlett
(b) Address Ellington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/41 (Month) (Day) (Year)
(c) Place: burial or cremation Hamesport, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4300 Washington Ave.

19. (a) SEP 30 1941 (Date received local registrar) (b) J. P. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30
year 1941 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from 9-22-41 19 to 9-30-41 19;
that I last saw her alive on 9-30-41 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver and Mesentery

Due to Primary Lesion NOT

Due to Established

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations General Abdominal Carcinosis
Of autopsy Yes

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

23. Signature R K Andrews (M. D. or other)
Address 4932 Mary Lane Date signed 9-30-41

(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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wilford T. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.