

3 No. 2
4-13-40
5-17-39
I X23159

D.V. M...
35259

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED NOV 14 1941

Registration District No. 44

Primary Registration District No. 2002

Registrar's No. _____

49
512
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jasper
 (a) County _____
 (b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 hours
 In this community 25 years 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 049
 (a) State Missouri (b) County Jasper 2
 (c) City or town Joplin 5
(If outside city or town limits, write "RURAL")
 (d) Street No. 610 Pearl
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Earle H. Bartlett
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 26
 year 1941 hour 8:35 minute 8 M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Matilda
 6. (c) Age of husband or wife if alive 2 years
 7. Birth date of deceased May 2 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 25, 1941 to Oct 26, 1941;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 5 Days 24
 If less than one day hr. min.

Immediate cause of death acute cardiac decomp
 Due to intake of myocardi ?
 Due to _____
 Other conditions 4
(Include pregnancy within 3 months of death)

9. Birthplace Kansas City Kansas
(City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

Major findings: 950
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business Eagle Picher Lead Co.
 12. Name Orin Bartlett
 13. Birthplace Kansas
(City, town, or county) (State or foreign country)
 14. Maiden name Hilda Holcomb
 15. Birthplace N. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earle Bartlett
 (b) Address 610 Pearl, Joplin, Mo.
 17. (a) Burial (b) Date thereof 10-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope Cemetery

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? _____

18. (a) Signature of funeral director Lanpher Mortuary
 (b) Address Joplin, Missouri
 19. (a) 10-27-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? [Signature] (Specify type of place)
 (b) Means of injury _____
 23. Signature [Signature] (M. D. or other) 0
 Address Joplin, Mo. Date signed _____

ca - I

JUN 9 1948

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.