. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31812

FILED OCT 13 1943

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 79

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

9
6
2

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jane Chenn Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City (If outside city or town limits, write "RURAL") 049

(d) Street No. 1111 W. Daugherty (If rural, give location) 6

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country 0

3. (a) PRINT FULL NAME Norman R. Bartlett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife America

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April (Month) 1 (Day) 1864 (Year)

8. AGE: Years 79 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Tow Business

11. Industry or business

FATHER
12. Name Robert A. Bartlett
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant America Bartlett

(b) Address 411 W. Daugherty St. Webb City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21 (Month) (Day) 1943 (Year)

(c) Place: burial or cremation Park Cem Carthage

18. (a) Signature of funeral director Webb City Und Co

(b) Address Webb City Mo

19. (a) Sept 20, 1943 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19th year 1943 hour 5.40 minute P M.

21. I hereby certify that I attended the deceased from ~~August 25~~ Dec 18 1942 to Sept 19 1943 that I last saw him alive on Sept 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 b

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. F. Gregory (M. D. or other) Do

Address Webb City, Mo Date signed 9/19/43

11 x

(Licensed Embalmer's Statement on Reverse Side)

43-9-863

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 myself,

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

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address West Liberty - 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.