

No. 2
-3-13
17-39
X3782

FILED JUN 23 1944

Registration District No. **4895x 59**

Primary Registration District No. **4095**

Registrar's No. **91**

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

1. PLACE OF DEATH:

(a) County **Cass.**

(b) City or town **Drexel, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Dr. Hartwell Office. **3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Does not apply**
(Specify whether)

In this community **Traveling on Highway A.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **Johnson.** **51**

(c) City or town **Rural.** **0**
(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 **ROSA BELLE BARTHOLOMEW**

3. (b) If veteran, name war **none.**

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 **R. T. Bartholomew.**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **February, 9, 1888**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	3	25	hr. _____ min. _____

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

10. Usual occupation **Housewife.**

11. Industry or business **At Home.**

MOTHER FATHER {

12. Name **Adam Akers,**

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

14. Maiden name **Hannah Engle;**

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

16. (a) Informant **R. T. Bartholomew,**

(b) Address **Leeton, Missouri.**

17. (a) **Burial,** (b) Date thereof **June, 7, 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Leeton, Missouri.**

18. (a) Signature of funeral director _____
(Name)

(b) Address **Drexel, Missouri.**

19. (a) **6/4/1944.** (b) **Margaret Tolle.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4**
year **1944** hour **12:05** minute _____ M.

21. I hereby certify that I attended the deceased from **on June 4**
_____, 19**44** to _____, 19____;

that I last saw h. **er** alive on **June 4**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Traumatic shock** **2 hrs.**
Multiple fracture ribs,
fracture left scapula
probable skull fracture

Due to _____

Due to **Car wreck -**

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

Major findings: **170E-4**
Of operations **22**

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **D19**

(a) Accident, suicide, or homicide (specify) **Accident - car collision**

(b) Date of occurrence **June 4, 1944**

(c) Where did injury occur **New Drexel, Cass Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On public highway Cass Co A

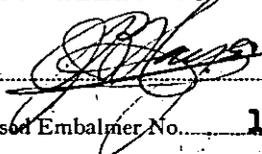
While at work? **70** (Specify type of place) (e) Means of injury **Car collision**

23. Signature **Paul C. Hartwell** (M. D. number) _____

Address **Drexel, Mo.** Date signed **6/4/44.**

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, ~~XXXX~~ personal
and transferred to Wilkinson Funeral Home ~~Registered Embalmer No.~~
at Clinton Missouri, by Fred Wilkinson.
~~work for and depend on person whose name is recorded on reverse side of this certificate~~

Signed 

Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri.

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.