

FILED FEB 28 1946

Primary Registration District No. **4276**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Pierson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In her home
(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 Lawrence
(c) City or town Pierson City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. North Elm
(If rural, give location)
(e) Citizen of foreign country? yes NO (Yes or No)
If yes, name country Poland

3. (a) PRINT FULL NAME

Katharina Bartsch

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex FM / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Bartsch
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July 18 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 23 hr. _____ min.

9. Birthplace Zawaja, Galizia Poland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
(Industry or business)

11. Name John Mayer
12. Birthplace Poland
(City, town, or county) (State or foreign country)
13. Maiden name Anna Batos
14. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Katharine Menninga
(b) Address 5639 Kenwood, Kansas City, Mo
17. (a) St. Marys Embury (b) Date thereof 1 14 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Embury

18. (a) Signature of funeral director William J. Wessell
(b) Address Pierson City, Mo.

19. (a) Jan. 17, 1946 (b) Orsa Mc Math
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1946 hour 12:30 P. M. minute _____
21. I hereby certify that I attended the deceased from Nov. 18
1945 to Jan. 11 1946
that I last saw her alive on Jan. 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Endocarditis Duration 2 Yrs

Other conditions Cancer of liver 6 M.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 46K

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 E. B. Wright (M. D. or other) _____
Address Pierson City, Mo. Date signed 1-13-46

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

5277

MOTHER'S FATHER'S

RECEIVED

District Health Officer No. 6;
District File No. 146-127

Date Filed FEB 25 1946

MAR 19 1946

NOV 26 1946

NOV 14 1946

MAY 27 1947

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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville 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.

11-12-46
To The State Board of Health of Missouri,
Bureau of Vital Statistics,
Jefferson City, Missouri,

RMI

Sirs:

In the official record of the death of Katharina Bartsch, who was my mother, State File No. 6298, Registration District No. 175, Primary Registration District No. 4276, Registrar's No. 4, the answer to question No. 2.(e) is wrong, and should be "No" instead of "Yes", and the space next below said question should be blank instead of showing "Poland", the fact being that the said Katharina Bartsch (nee Mazur), although born in Poland, as stated in the said death record, became a citizen of the United States by virtue of the naturalization of her husband, my father, John August Bartsch, whose naturalization certificate is No. 19639, dated September 10, 1912, and issued by the Circuit Court of Lawrence County, Missouri, at Mt. Vernon, Missouri. I am the Informant named in Item 16/(a) of said record of death; and I hereby certify that the error above mentioned occurred either by reason of my misunderstanding the question put to me by the clerk who wrote out the certificate, or his misunderstanding of my answer. I request that you have the record corrected accordingly, and furnish me a corrected certificate thereof.

Respectfully yours,

Mrs. Katherine Nanninga
(Mrs. Katherine Nanninga,
5639 Kenwood,
Kansas City, 4, Missouri.)

Subscribed and sworn to
before me, at my office in Pierce City, Missouri, this 8th day
of November, 1946.
My commission expires
November 19, 1948.

B. E. MacReynolds
(B. E. MacReynolds, Notary Public)

RECEIVED

NOV 13 1946

Bureau of Vital Statistics,
Jefferson City, Missouri

NOV 17 1946

NOV 14 1946

6208

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Oregon
County of Coos } ss.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS
AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 6298
Local Registrar's No. 4

On this 18th day of November, 1946, before me appears.....

Leo V. Bartsch, who, upon Sworn oath, states that the original record of birth death for Katharina Bartsch died Jan 11 born Jan 11, 1946 in the State of Missouri, and which was filed at J.C. Mo on 2-28, 1946 should be corrected as follows:

Item No. 3 a should read Katharina Bartsch
Instead of 11 Bartsch

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Leo V. Bartsch Son
Relationship. Son

192 Hall Ave, Coos Bay-Ore
Present Address.

Subscribed and sworn to before me this 18th day of November, 1946.

My Commission expires June 23rd, 1949 Lilah Bartsch Notary Public.

MAY 27 1947

6298

NOV 26 1946