

FILED DEC 19 1946

Registration District No. 0-1-1

Primary Registration District No. 5562

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Iron
 (b) City or town Rural, Iron
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7 miles south of Belleview
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7 miles south of Belleview 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Bartley Uri Rich

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Elisama Rich 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased Feb. 5 1861
 (Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 0 If less than one day
 hr. _____ min. _____

9. Birthplace Shannon County Missouri 0
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer, retired

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Rich 7
 13. Birthplace Unknown 7
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Brown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adena Moyer

(b) Address Pilot Knob Mo.

17. (a) burial (b) Date thereof 12-7-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middlebrook I.O. Rt.

18. (a) Signature of funeral director Norman White & Sons

(b) Address W. White Ironton Mo.

19. (a) Dec 12, 1946 (b) Mer Elizabeth Logan
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
 year 1946 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from 1-7-7, 1946 to 12-5, 1946
 that I last saw him alive on 9-7, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death ursemia Duration _____

Due to enterostomal rupture

Due to _____

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

Major findings: Of operations _____

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:

(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 J. P. Yeargan (M. D. or other) 0
 Address J. P. Yeargan Date signed 12-8-46

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
43
39
37823

128

RECEIVED

Health Officer No. 4

File Number 1246-2965

Date Filed 12-16-46

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..... *Arnel J. White*

Licensed Embalmer No. 3012

P. O. Address Smarter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 145

Primary Registration District No. 5566

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 mi S. of Bellevue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME Bartley Uri Reck
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Elsama 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 5 (Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days _____ (If less than one day) hr. _____ min.
9. Birthplace MO (City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business _____
12. Name Robert Reck
13. Birthplace unk (City, town, or county) (State or foreign country)
14. Maiden name Mary Brown
15. Birthplace unk (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Adena Meyer
(b) Address Polar Knot MO
17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 22-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Middlebrook, MO

18. (a) Signature of funeral director Norman F. White
(b) Address Jrenton, MO
19. (a) Dec 12 - 1946 (Data received local registrar) (b) Mrs Elizabeth Logan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Iron
(c) City or town Bellevue
(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 _____

20. DATE OF DEATH: Month Feb year 1946 day _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death uremia Duration _____

Due to interstitial nephritis
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 J P. Yeagan (M. D. or other) _____
Address Jrenton, MO

MEDICAL CERTIFICATION

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

USE CONTINUING BLACK INK—MAKE A PERMANENT RECORD

40427