

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43824

FILED SEP 2 1947

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution:
no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
61 yrs. (years, months or days))

3. (a) PRINT FULL NAME Pearl Nally Bartlett

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Alvis Bartlett

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January 24, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>7</u>	<u>28</u>	<u>hr. min.</u>

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

10. Usual occupation housewife.

11. Industry or business Farm

12. Name Frank Nally

13. Birthplace do not know
(City, town, or county) (State or foreign country)

14. Maiden name Ema Hookridge

15. Birthplace Harrison County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Barbara Bartlett

(b) Address Bethany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director M. B. Jones

(b) Address Bethany, Mo.

19. (a) Aug 22-47 (Date received local registrar)

(b) Zola Burris (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

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

(d) Street No. North 15th St.
(If rural, give location)

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

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month sep day 22
year 1946 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9-7-1946 to 9-22-1946
that I last saw him alive on 9-20-1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute neph-
ritis

Due to _____

Due to _____

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

Major findings:
Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. C. Stover (M. D. no)

Address Bethany, Mo. Date signed 8-21-47

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

42627

8-21-47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

M. B. Haas

M. B. Haas.

Licensed Embalmer No. 3899

P. O. Address. Bethany, 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.