

FILED MAY 19 1947

638

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 5 Days (Specify whether)

In this community 5 - DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: HARRISON-CO

(a) State Missouri (b) County Buchanan

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JACK Bartlett

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1947 hour 2:35 minute P. M.

21. I hereby certify that I attended the deceased from MAY
5, 1947, to MAY 9, 1947
that I last saw him alive on MAY 9, 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Bartlett 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased DEC. 6 - 1902
(Month) (Day) (Year)

Immediate cause of death Acute Cardiac Dilatation

Due to Aortic Insufficiency

Due to _____

8. AGE: Years Months Days If less than one day

44 5 31 hr. min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

9. Birthplace HARRISON-CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation STOCK - FARMER

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 MI

MOTHER FATHER { 12. Name WALTER - BARTLETT

13. Birthplace HARRISON-CO - MO
(City, town, or county) (State or foreign country)

14. Maiden name CALLIE - ALLEN

15. Birthplace HARRISON-CO MO
(City, town, or county) (State or foreign country)

23. Signature Shirley Jean Klama (Name or other) DO
Address 873 Farson Date signed 5-9-47

16. (a) Informant Joas Funeral Home

(b) Address Bethany Mo

17. (a) R (b) Date thereof 5-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Mo

18. (a) Signature of funeral director Stamey Funeral Home

(b) Address St Joseph, Mo.

19. (a) 5-13-47 (b) G. B. Jenkins
(Date of local registrar) (Registrar's signature)

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

APR 2 1948

JUL 29 1948

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.....

Charles Marshall Hurman....., Registered Apprentice No. 450
working under my personal supervision.

Signed John H. Hurley
Licensed Embalmer No. 4050
P. O. Address St. Joseph, 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.