S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 10 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33689

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1313

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: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether In this community 1 month years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No.: 1609 S.11th Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: William Henry Bartlett

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mattie Bartlett

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

7. Birth date of deceased: March (Month) 6 (Day) 1871 (Year)

8. AGE: Years 76 Months 7 Days 25 — If less than one day hr. min.

9. Birthplace: Colma (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: Farming

FATHER
12. Name: Daniel Bartlett
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Roy Bartlett
(b) Address: Carrollton, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Nov. 1, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Carrollton, Mo.

18. (a) Signature of funeral director: Walter Meierhaffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.

19. (a) 11-5-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st year 1947 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 30, 1947, to Nov 1, 1947 that I last saw him alive on Nov 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-pneumonia

Due to: Arteria sclerosis, general

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 107
Of autopsy: refused

Duration

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Louis G. Neudorff, M.D. (M. D. or other)

Address: 975 Charles Street, St. Joseph, Mo. Date signed 11/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 18 1941

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 Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri

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.