

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

Registration District No. 274

Primary Registration District No. 30.5.2

Registrar's No. 227

1. PLACE OF DEATH:

(a) County Pettis

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

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

(d) Length of stay: In hospital or institution 12 hours  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 1220 West Main  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LINDA BARTLETT

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive years \_\_\_\_\_

7. Birth date of deceased July 27, 1948  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27,  
year 1948 hour 3:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 7-27-48  
\_\_\_\_\_ 1948 to 7-27-  
\_\_\_\_\_ 1948

that I last saw her alive on 7-27  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
			<u>12</u> hr. _____ min.

Immediate cause of death Respiratory arrest. Duration \_\_\_\_\_

Due to Prematurity 12 hours

Due to \_\_\_\_\_

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

10. Usual occupation \*\*\*\*\*

11. Industry or business \*\*\*\*\*

12. Name Oliver Harry Bartlett

13. Birthplace Sedalia, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Verna Newall

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 151

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant Mrs. Grace Bartlett  
(Grandmother)

(b) Address 1220 West Main Sedalia, Mo

17. (a) Burial (b) Date thereof 7/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Duane Bunge

(b) Address Sedalia, Missouri

19. (a) 7-28-48 (b) Belt Yeager  
(Date received local registrar) (Registrar's signature) Deputy

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) (c) Means of injury \_\_\_\_\_

23. Signature D. Edwards (M. D. or \_\_\_\_\_)

Address Sedalia, Mo Date signed 7-28-48

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

8-12-48

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.....

Staven K. Dietz 70

Registered Apprentice No. 70

working under my personal supervision.

Signed *Shane Ewing*

Licensed Embalmer No. 3847

P. O. Address *Edalia, W. V.*

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.