

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6148

Do not use this space.

1. PLACE OF DEATH
(a) County..... Buchanan ³ Registration District No. **85**
(b) Township..... Primary Registration District No. **1001** Registered No. **224**
(c) City..... St. Joseph, (d) Street No. **537 No. 8th St.** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **55** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME..... **Emilie Nye Bartlett** **634**
(a) Residence, No. **537 No. 8th St.** St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herschel Bartlett | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 20, 1847 | | |
| 7. AGE | YEARS | MONTHS |
| | 90 | 5 |
| | | DAYS |
| | | 28 |
| | | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home. | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year)..... | 11. Total time (years) spent in this occupation..... |
| 12. BIRTHPLACE (CITY OR TOWN)..... Freeport, Maine. (STATE OR COUNTRY) | | |
| FATHER | 13. NAME James Arnold Nye | |
| | 14. BIRTHPLACE (CITY OR TOWN)..... New Braintree, Mass. (STATE OR COUNTRY) | |
| MOTHER | 15. MAIDEN NAME Emily Soule | |
| | 16. BIRTHPLACE (CITY OR TOWN)..... Freeport, Maine. (STATE OR COUNTRY) | |
| 17. INFORMANT Phillip C.K. Bartlett (ADDRESS) 2627 Frederick Ave. | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery DATE Feb. 21, 1938 | | |
| 19. FUNERAL DIRECTOR Walter Maleshoffer (ADDRESS) 1302 Faraon St. St. Joseph, Mo. | | |
| 20. FILED Feb 21, 1938 J. Neittensch Reg. local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 18, 1938** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 22, 1938** to **2-18, 1938**
I last saw him **ex** alive on **Feb 12, 1938** Death is said to have occurred on the date stated above, at **7:35 a.m.**
The principal cause of death and related causes of importance were as follows:
Heart Disease and Arteriosclerosis myocardiob. Chronic
92C
Date of onset

Other contributory causes of importance:
Arterio Sclerosis General

Name of operation **no op** Date of _____
What test confirmed diagnosis? **Feudox** Was there an autopsy? **Y**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **NO** Date of injury..... 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... **1**
Nature of injury..... **1**

24. Was disease or injury in any way related to occupation of deceased? **NO**
If so, specify.....
(Signed) **Willie**, M. D.
(Address) **Phys. & Surg. Bldg., St. Joseph, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly Licensed Embalmer No. Mo. 394

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Wilbur H. Kelly
Licensed Embalmer No. Mo. 394

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.)