

REC'D JUL 20 1938

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

22020
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
 (b) Township Acadia Primary Registration District No. 4230 Registered No. 42
 (c) City Ironton (d) Street No. St. Marys of the Ozarks Hospital
 (e) Length of residence in city or town where death occurred 9 yrs. 11 mos. ds. (f) How long in U. S., if of foreign birth? 6 3 11 yrs. mos. ds.

2. PRINT FULL NAME

Louie Elmer Bartlow
 (a) Residence, No. Ironton, ~~Mo~~ St. Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Lee Bartlow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 11 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Service Manager
 9. Industry or business in which work was done, as saw mill, bank, etc. Garage
 10. Date deceased last worked at this occupation (month and year) June 27, 1938 11. Total time (years) spent in this occupation 7 mos.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleview, MissouriFATHER 13. NAME Robert Nathan Bartlow14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleview, MissouriMOTHER 15. MAIDEN NAME Joanna Crace Davis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Caledonia, Mo.17. INFORMANT Mollie Lee Bartlow
(ADDRESS) Ironton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia, Mo. DATE June 29, 193819. FUNERAL DIRECTOR (NAME) Alvin Hood
(ADDRESS) Flat River, Missouri20. FILED July 5, 1938 Ra Rauche
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to June 27, 1938.
 I last saw him alive on June 27, 1938. Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Cerebral Hemorrhage Date of onset June 27, 1938
Hypertension
Hypertrophied Heart

Name of operation none Date of
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) R. E. Harland, M. D.
 (Address) Ironton, 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, Alvin Hood

or by X

Registered Apprentice No., working under my personal supervision.

Signed Alvin Hood

Licensed Embalmer No. 2780

P. O. Address

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, above space should be left blank.