

REC'D APR 17 1939

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

9584

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1190
(c) City Kansas City (d) Street No. St. Mary's Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 635 Thomas Francis Bartman

(a) Residence, No. 5131 Forest 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 23, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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) (STATE OR COUNTRY) Kansas City Missouri

FATHER 13. NAME Willis A. Bartman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

MOTHER 15. MAIDEN NAME Regina Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

17. INFORMANT Willis A. Bartman
(ADDRESS) 5131 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mch. 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) QUIRK & TOBIN CO. Kansas City, Mo.

20. FILED Mar 19, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1939, to March 18, 1939

I last saw him alive on March 17, 1939. Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

Acute suppurative Otitis media
Staphylococcus meningitis 890
Date of onset 3/11/39
3/15/39

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Lab. Was there an autopsy? yes

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?

If so, specify

(Signed) Charles J. Eldridge M. D.

(Address) 6247 Brookside Blvd

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.....

Licensed Embalmer No.

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.