

REC'D APR 17 1939

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

9755
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson ² Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City, Mo. ¹ (d) Street No. 120 Benton 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.

Registered No. 13612. PRINT FULL NAME William Bartrim

(a) Residence, No. 120 Benton 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 0 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Combustion
9. Industry or business in which work was done, as saw mill, bank, etc. Engineer
10. Date deceased last worked at this occupation (month and year) 3/29/39 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana ¹13. NAME Unknown ⁹14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ⁹15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. Birdie Bartrim
(ADDRESS) 120 Benton, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington DATE 3-31-3919. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.20. FILED Mar 30, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 19 3922. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1938, to Mar 29, 1939I last saw him alive on Mar 29, 1939 Death is said to have occurred on the date stated above, at 10 P. m.

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

Cerebral hemorrhage8201Other contributory causes of importance: Hypertension

Name of operation..... Date of.....

What test confirmed diagnosis? Spec 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) Frank S. King, M. D.
(Address) 1107 Bryant Bldg

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.