

OCT 19 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33196

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township Sedalia Primary Registration District No. 3032 Registered No. 267
 (c) City Sedalia (d) Street No. 417 W. Jefferson St. Mo.
 (e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

634 Mrs. Maggie Bartlett
 (a) Residence, No. 417 West Jefferson St. Mo.
 (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 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 George Bartlett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1877
 7. AGE YEARS 61 MONTHS 10 DAYS 29 If LESS than 1 day, hrs. min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Warsaw
 (STATE OR COUNTRY) Missouri

13. NAME Wilburn Erivett
 14. BIRTHPLACE (CITY OR TOWN) St. Louis Co.
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Nancy Hill
 16. BIRTHPLACE (CITY OR TOWN) California
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Frances Greer
 (ADDRESS) 417 West Jefferson

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crown Hill DATE 9/7/39

19. FUNERAL DIRECTOR (NAME) Duane Ewing
 (ADDRESS) Sedalia, Missouri

20. FILED 9-5-39 Mrs. Harry Snel
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 - 1939

22. I HEREBY CERTIFY That I attended deceased from July 1939, to Sept 4, 1939
 I last saw her alive on Sept 2, 1939. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

myocarditis Date of onset

Other contributory causes of importance:

Nephritis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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. C. C. Ed. Snavely M. D.
 (Signed) Sedalia, Mo.
 (Address)

122
Dr Snavelly

RECEIVED
District Health Officer No. 8,
10/10/39

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

Wm Ewing

Licensed Embalmer No.

3847

P. O. Address

Sedalia Mo

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Jettie

Registration District No. 668

(b) Township Sedalia

Primary Registration District No. 3032

(c) City Sedalia

(d) Street No. _____

(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

(a) Residence, No. _____

St. ☐

(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

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Wid

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

61

10

29

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED

19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 4 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. _____ alive on _____, 19____. Death is said
to have occurred on the date stated above, at _____ m.

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

myocarditis

Date of onset

Chronic Interstitial
Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) E. C. Ingersley, M. D.

(Address) Sedalia

