

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **44048**

JAN 15 1940 561  
Registration District No. **561**

Primary Registration District No. **5-755**

Registrar's No. **84**

1. PLACE OF DEATH:

- (a) County **MILLER** **Saline**  
(b) City or town **ELDON** **RURAL**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **2**

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **84 yrs.** (Specify whether years, months or days) **634**

3. (a) PRINT FULL NAME **MARTHA ANN BARTLETT**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **ACHILLIS BARTLETT** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **JAN 26 1855**  
(Month) (Day) (Year)

8. AGE: Years **84** Months **10** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business \_\_\_\_\_

12. Name **PETER MUSICK**

13. Birthplace **MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **ELIZABETH PARKS**

15. Birthplace **MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Jack Bartlett**

(b) Address **Effingham, Mo.**

17. (a) **Burial** (b) Date thereof **Dec 8 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Silvery Cem. Morgan Co.**

18. (a) Signature of funeral director **Phillip Emil Stone**

(b) Address **Bedford, Mo. 441**

19. (a) **12-8-1939** (b) **Bella Haggins**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **MISSOURI** (b) County **MILLER**

(c) City or town **ELDON** **RURAL**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Saline Trwp** (If rural, give location)

(e) If foreign born, how long in U. S. A? **84 yrs.** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **6**  
year **1939** hour **10** minute **30** a.m.

21. I hereby certify that I attended the deceased from **11/25/39**  
\_\_\_\_\_ 1939 to **12/6/39** 1939

that I last saw him alive on **12/4** 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility** Duration **2**

Due to **162**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **(Silvery Cem)**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **G. D. Walker** (M. D. or other) **MD**

Address **Eldon Mo** Date signed **12/2/39**

RECEIVED

Miller County Health Dept.

Case No. 39-148

1-12-40

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.....

Louis D. Phillips, Registered Apprentice No. ....  
working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 2663

P. O. Address Cedar

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.