

JAN 15 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

44278
Do not use this space.

1. PLACE OF DEATH

(a) County PETTIS Registration District No. 668
 (b) Township 1 Primary Registration District No. 3032
 (c) City SEDALIA (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. MILDRED BARTLETT

(a) Residence, No. 1800 W. 11 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Bartlett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 21 1897</u>		
7. AGE <u>42</u>	YEARS <u>8</u>	MONTHS <u>11</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Meredith Indiana</u>		
13. NAME <u>Do not know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>		
15. MAIDEN NAME <u>Lillian Ballinger</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>		
17. INFORMANT (ADDRESS) <u>Charles Bartlett Sedalia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mem Park</u> DATE <u>12-4-</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>McLaughlin Bros Sedalia Mo</u>		
20. FILED <u>12-4-</u> 19 <u>39</u> <u>Wm. Harry Sneed</u> Log! Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec. 2</u> 19 <u>39</u>	Date of onset
22. I HEREBY CERTIFY That I attended deceased from <u>As Common case only</u> I last saw <u>As Common case only</u> Death is said to have occurred on the date stated above, at <u>10:30 P.m.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral haemorrhage</u>	
Other contributory causes of importance: <u>Chronic nephritis</u> <u>Chronic salpingitis</u>	
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) <u>Gordon Dayaker</u> M. D. (Address) <u>Common 9 Pettis County</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/2/46

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.....

Ralph E. Baker....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ralph E. Baker

Licensed Embalmer No. *2419*

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.