

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 132

1. PLACE OF DEATH: Pettis

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1003 S. Limit
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

In this community 1 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 1003 S. Limit
(If rural, give location)

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

8. (a) PRINT FULL NAME JOHN HENRY BARTLETT

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31
year 1940 hour 11:00 minute A M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife NELLIE BARTLETT 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased APRIL 2 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 1 1940 to Mar 31 1940
that I last saw him alive on Mar 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Pulmonary Duration 2 yrs

8. AGE: Years 57 Months 11 Days 29 If less than one day hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace CALIFORNIA MO.
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name JOHN BENJAMIN BARTLETT

13. Birthplace TUSCOMBIA MO.
(City, town, or county) (State or foreign country)

14. Maiden name MARY KATHERINE PARROT

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. NELLIE BARTLETT

(b) Address 1003 S. LIMIT, SEDALIA, MO.

17. (a) Burial (b) Date thereof 4-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hills

18. (a) Signature of funeral director W. E. Laughlin

(b) Address Sedalia, Mo.

19. (a) 4-2-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

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? _____

While at work? 9:06 (Specify type of place) _____
(e) Means of injury _____

23. Signature A. L. Walter (M. D. or other) MD

Address Sedalia Mo. Date signed 4-2-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

2/15/40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

P. E. Baker

Licensed Embalmer No.....

2419

P. O. Address.....

Sedalia

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.