

1-19311

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

19322

Registration District No. 35

Primary Registration District No. 3034

State File No. _____

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
211 Farnor St. 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 Eleven years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 211 Farnor Street
(If rural, give location)

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

3. (a) PRINT FULL NAME LUCY BARTEE 630

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-07-2244

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charlie Bartee

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug. - 19 - 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 8 14 hr. _____ min.

9. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business _____

MOTHER FATHER

12. Name Edward Seymour

13. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cora Grace

15. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charlie Bartee

(b) Address 211 Farnor St. Moberly Mo

17. (a) Burial (b) Date thereof May - 5 - 1940
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery, Moberly, Missouri

18. (a) Signature of funeral director Walter Williams

(b) Address Moberly, Missouri

19. (a) May - 1940 (b) Walter Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1940 hour 90 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 1st to May 3rd, 1940

that I last saw her alive on May 3rd, 1940

and that death occurred on the date and hour stated above

Immediate cause of death Verolupus Duration _____

Due to Ruptured Aorta

Due to Non-Operating

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

Major findings: Of operations NI

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) NO

(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? NI

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Walter Williams (M. D. or other) _____

Address Moberly Mo Date signed May 5 1940

RECEIVED

District Health Officer No. 10

District File Number 16-40-2169

Date Filed JUN 10 1940

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 and

J. E. Barnes No 2414, Registered Apprentice No. _____

working under my personal supervision.

Signed R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moherly 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.