

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Phelps.  
(b) City or town Rolla  
(c) Name of hospital or institution:

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

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

In this community (years, months or days)

3. (a) PRINT FULL NAME Louisa Jane Bartle

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Harress Bartle 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Sept 5 1851  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 9 18 hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name George Bell

18. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Rosena Prewett

15. Birthplace Marion Co Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Nesbit  
(b) Address Rolla Mo.

17. (a) Burial (b) Date thereof June 25, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery - Rolla

18. (a) Signature of funeral director Mrs. Harry McCaw  
(b) Address Rolla Mo.

19. (a) June 25, 1940 (b) Jan. 7, 1940  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
(c) City or town Rolla  
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from June 1  
1940 to June 23, 1940

that I last saw her alive on June 23, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

Due to 17, 18

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

Major findings: Of operations

Of autopsy

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? (Specify type of place) (e) Means of injury

23. Signature E. E. Ferrel M.D.  
Address Rolla Mo. Date signed 6-28-40

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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.~~

District Health Officer No 5,

Signed

District File Number 740 746

Licensed Embalmer No. 3953

Date Filed 7-22-28

P. O. Address Rolla

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.