

13-40
7-39
X23159

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **The Childrens Mercy Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **12 days**
(Specify whether
 In this community **12 days**
years, months or days)

3. (a) PRINT FULL NAME **James Fredrick Bartholomew**

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept-26-1939**
(Month) (Day) (Year)

8. AGE: Years **0** Months **10** Days **17** If less than one day
 hr. _____ min. _____

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

10. Usual occupation **none**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jas. Bartholomew**

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

14. Maiden name **Mary E. Pepas**

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

16. (a) Informant **Jas. Bartholomew**

(b) Address **Shiatook Okla**

17. (a) **Removal** (b) Date thereof **Aug 14-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Granby Mo**

18. (a) Signature of funeral director **Mrs. C.R. Foster**

(b) Address **718 Brooklyn W.E. Mo.**

19. **Aug 13, 1940** (b) **M.M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Oklahoma** (b) County **Osage**
 (c) City or town **Shiatook**
(If outside city or town limits, write "RURAL")
 (d) Street No. **616 Linwood**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **12**
year **1940** hour **7⁰⁰** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Aug 12**
_____, 1940 to **Aug 12**, 1940
that I last saw h. in alive on **Aug 12**, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Pri. Bronchopneumonia
Due to **pneumonia**

Due to **10/1**

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

Major findings: _____
Of operations _____

Of autopsy **Bilateral confluent bronchopneumonia Ricketts**

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 **M.Soderberg** (M. D. or other) _____

Address **1316 Prof Bldg** Date signed **Aug 13**
1940

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

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.....

Theron D. Redmon

Licensed Embalmer No. *2737*

P. O. Address *918 Brooklyn, N.Y.*

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, fact should be so stated above.