

FD OCT 12 1940

Registration District No. **157**

Primary Registration District No. **4084**

Registrar's No. **5**

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Criighton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 6 mo, Haden City 1.5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Cass
(c) City or town Criighton
(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. _____ years.

3. (a) PRINT FULL NAME FRONIA A. BARTSHE
(b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept, day 2
year 1940 hour 09:30 minute _____ M.

4. Sex FE 5. Color or race W
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 Oct 14 - 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 19, 1940 to Aug 19, 1940, that I last saw her alive on Aug 19, 1940, and that death occurred on the date and hour stated above.
Immediate cause of death ascites *Duration 7 years?*

8. AGE: Years 59 Months 10 Days 18 If less than one day hr. _____ min.

Due to Sclerosis of liver
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 174/2

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Bartshe
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Eлизавета Рутлер Бартше
15. Birthplace Архрэнск
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant A. J. Gardner
(b) Address Criighton MO

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

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

(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? 506

(c) Place: burial or cremation Haden City MO

(e) Means of injury 5

18. (a) Signature of funeral director Paul Witherspoon

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

(b) Address Clinton MO

23. Signature Dr. J. E. Brigg (M.D. or other) D.O.

19. (a) Sept 2 1940 (b) Mrs. W. L. Clemings
(Date received local registrar) (Registrar's signature)

Address Wright, MO. Date signed 9-2-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.