

100 OCT 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31838
Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 238
(b) ~~Township~~ Lockwood Primary Registration District No. 4145
(c) City Lockwood (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise Lizetta Bartling

(a) Residence, No. Lockwood mo (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Bartling
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3-1848
7. AGE YEARS 91 MONTHS 7 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Elkhorn Prairie (STATE OR COUNTRY) Illinois

FATHER 13. NAME Henry Lehde
14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. R. F. Hauschild
Lockwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lockwood, Cent. DATE January 21, 1940

19. FUNERAL DIRECTOR (NAME) R. F. Hauschild (ADDRESS) Lockwood Mo

20. FILED 1-21 1940 J. E. Wren Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19, 1940

22. I HEREBY CERTIFY That I attended deceased from Dec 31, 1939, to Jan 19, 1940
I last saw him alive on Jan 10, 1940. Death is said to have occurred on the date stated above, at 6:10 A.M.
The principal cause of death and related causes of importance were as follows:

Influenza
11 P
Date of onset _____

Other contributory causes of importance: Arterio Sclerosis & Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence); fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) James A. Wren, M. D.
(Address) Lockwood Mo

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.

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 R. L. Hauschild

Licensed Embalmer No. 3234

P. O. Address Le. Kwood. 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.