

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11402

APR 21 1941
Registration District No. 561

Primary Registration District No. 5755

State File No.

Registrar's No. 17

1. PLACE OF DEATH:

(a) County. Washburn
(b) City or town. Osborne
(If outside city or town limits, write "RURAL" and name of township)
(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 4
In this community Since Dec. 11, 1940 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Joseph Bartsch
3. (b) If veteran, name war 8. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lattie Woodard Bartsch 6. (c) Age of husband or wife if 23 years
7. Birth date of deceased March 22, 1949
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 11 23 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name William
13. Birthplace Prussia (City, town, or county) (State or foreign country)
14. Maiden name Woodard
15. Birthplace Prussia (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lattie Bartsch
(b) Address Osborne, Mo.
17. (a) Burial (b) Date thereof 3-20-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Osborne

18. (a) Signature of funeral director Wm. H. Hagedorn
(b) Address Osborne, Mo.
19. (a) 3-19-1941 (b) Belle Hagedorn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole
(c) City or town Russellville (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A. 72 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1941 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from March 1, 1941, to March 18, 1941,
that I last saw him alive on March 16, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arterio sclerosis

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

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? 495

(Specify type of place) While at work? (e) Means of injury
23. Signature John E. Murrell (Physician's signature)
Address Osborne, Mo. Date 3/19/41

RECEIVED
Miller County Health Dept.
County File Number. 41-47
Date Filed _____

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. 3716
P. O. Address _____

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.