No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15330

Registration District No. 1046 Primary Registration District No. 5810 Registrar's No.

1. PLACE OF DEATH:
(a) County Newton
(b) ~~City or town~~ Rural - Shoalcreek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R.R. # 2 - Joplin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Rural -
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. # 2. Joplin, Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Bardmass
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JANUARY 22, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66 ~~65~~	2	25	hr. min.

9. Birthplace Denver, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Miner
11. Industry or business
FATHER 12. Name Samuel Bardmass
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Sarah Needham
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Harley Jones
(b) Address Joplin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem.
18. (a) Signature of funeral director Thornhill-Dillon, Mort
(b) Address Joplin, Missouri
19. (a) 4-16-41 (Date received local registrar) (b) Ed S Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1941 hour 8:00 minute A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him ~~alive on~~ dead April 15, 1941 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Died of Natural Causes (Probably Heart Disease) — Duration
Due to There had been no Physician in attendance
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

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

23. Signature J. R. Reynolds Coroner (M. D. or other)
Address Neosho Mo Date signed 4/15-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
Distrct - Jo Mo. 541-742
Date Filed MAY 7 1941

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

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

If this body is not embalmed, fact should be so stated above.