

No. 2
-13-40
-17-39
K 223150

FILED JUL 3 1941
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
0 Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days
(Specify whether)

In this community 4 Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 2106 Scott St. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Robert Elvin Bartlett

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex 0 Male 5. Color or race White

6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased February 17 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

4	5	6	4 hr. _____ min.
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9. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Robert Bartlett

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

14. Maiden name Mary Curtis

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

16. (a) Informant Robert Bartlett

(b) Address 2106 Scott St. Ind. Mo.

17. (a) Burial (b) Date thereof 6 / 25 / 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Rose & Henderson

(b) Address 4139 E. 15th St. K.C. Mo.

19. (a) 6/24/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 41 hour 6:00 minutes 50 P. M.

21. I hereby certify that I attended the deceased from June 17, 1941 to June 23, 1941, 1941; that I last saw him alive on June 23, 1941, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Subacute meningitis

Due to 107a

Due to 107

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

Major findings: None
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? _____

While at work? _____ (Specify type of place)

(b) Means of injury _____

23. Signature Harry M. Bell (M. D. or other) 0

Address Professional Bldg Kansas City, Mo. Date signed _____

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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. 2953

P.O. Address H. G. No

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.