

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22534

State File No. _____

Registration District No. 344

Primary Registration District No. 3035

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Ray

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

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

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

In this community entire life years, months or days

3. (a) PRINT FULL NAME Anna Elizabeth Bartlett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Smith Bartlett 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Oct. 10, 1920
(Month) (Day) (Year)

8. AGE: Years 20 Months 8 Days 10 If less than one day
hr. _____ min. _____

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

10. Usual occupation House Duties

11. Industry or business _____

12. Name Pearl Cooper

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

14. Maiden name Mahala Emmons

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

16. (a) Informant Robert Smith Bartlett
(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof June 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Richmond, Missouri

18. (a) Signature of funeral director E. J. Hurman
(b) Address Richmond, Missouri

19. (a) June 23-41 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Richmond
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1941 hour 12 minute 20; P. M.

21. I hereby certify that I attended the deceased from June 22
+ 1938 to June 20, 1941
that I last saw h. alive on June 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis ?

Due to 12/12

Due to miscarriage 6 wks.

Other conditions miscarriage 6 wks.
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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?
9/65

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

23. Signature H. M. Griffith (M. D. or other) M.
Address Richmond, Mo. Date signed 6/20/41

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

JUN 21 1948

RECEIVED
District Health Officer No. 8,
District File Number
7-13-41
Date Filed

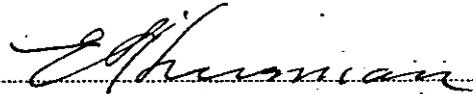
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~XXXX~~

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 2073

P. O. Address Richmond, Missouri

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.