

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

Registration District No. 104 Primary Registration District No. 3008 State File No. \_\_\_\_\_ Registrar's No. 239

1. PLACE OF DEATH: Callaway  
(a) County Callaway  
(b) City or town Fulton, Mo.  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Callaway  
(c) City or town Fulton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 839 Westminister  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Miss. Rosie Bartley  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None  
4. Sex Female 5. Color negro 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 5 year 1941 hour 5 minute 30 A. M.  
21. I hereby certify that I attended the deceased from Aug 27, 1941 to Sept 4, 1941; that I last saw her alive on Sept 4, 1941; and that death occurred on the date and hour stated above.

7. Birth date of deceased \_\_\_\_\_  
(Month) \_\_\_\_\_ (Day) 1870 (Year) \_\_\_\_\_  
8. AGE: Years 71 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chn on Aortic Stenosis  
Due to Arteriosclerosis  
Due to (Age)  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 92a

9. Birthplace Callaway Co. Missouri  
(City, town or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
10. Usual occupation Maids  
11. Industry or business \_\_\_\_\_  
12. Name Watt Bartley  
13. Birthplace Missouri  
(City, town or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
14. Maiden name Ida  
15. Birthplace Virginia  
(City, town or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER, FATHER  
16. (a) Informant Mo. Ida Clark  
(b) Address 839 Westminister Fulton Mo  
17. (a) Burial (b) Date of death Sept 7-41  
(Burial, cremation, or removal) \_\_\_\_\_ (Month) (Day) (Year) \_\_\_\_\_  
(c) Place: burial or cremation Fulton, Mo. Burial  
18. (a) Signature of funeral director Eli Bell  
(b) Address Fulton, Mo  
19. (a) 9-6-41 (b) R. N. Crews  
(Date received local registrar) \_\_\_\_\_ (Registrar's signature) \_\_\_\_\_

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) \_\_\_\_\_  
(e) Means of injury fall  
23. Signature M. J. Richardson (M.D. or other) \_\_\_\_\_  
Address 529A Camille Fulton Mo Date signed \_\_\_\_\_

**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 *Eli Bell*

Licensed Embalmer No. *2130*

P. O. Address *Fulton, Mo.*

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

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