

Registration District No. 104 Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton C. H.
(c) Name of hospital or institution State Hospital # 1
(d) Length of stay: In hospital or institution 1 mo. 11 days
In this community _____ years, months or days

3. (a) PRINT FULL NAME JUANITA M. BARTLEY
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 27 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Callaway County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Buyer in Dept Store

11. Industry or business _____

12. Name William C. Bartley

13. Birthplace Callaway Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Josephine Ramsey

15. Birthplace Callaway Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address State Hospital # 1, Fulton

17. (a) Removal (b) Date thereof 11-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City Mo

18. (a) Signature of funeral director Hope J Gordon

(b) Address Jefferson City Mo.

19. (a) Nov. 8, 1941 (b) R. W. Crews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(d) Street No. 1600 West Main St.
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 8 year 1941 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from Sept. 27, 1941, to Nov. 8, 1941; that I last saw her alive on Nov. 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

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? _____
(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 _____
23. Signature Therese Shirley Brown (M. D. or other) M. D.
Address State Hospital, Fulton Date signed 11-8-41

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

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

14
1
2

8

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..... *Fred P. Sully*.....

Licensed Embalmer No. *3890*.....

P. O. Address *Jeff City Mo*.....

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.