

No. 2
1-4-41
-17-39
x2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39689**

DEC 8 1941
Registration District No. **849**

Primary Registration District No. **4076**

Registrar's No. **30**

1. PLACE OF DEATH:

(a) County **Sullivan**
(b) City or town **Green City**
(If outside city or town limits, write "RURAL" and name of township)
(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 **1** (Specify whether
In this community **Life** years, months or days)

3. (a) PRINT FULL NAME **Benjamin Thompson Bartlett**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **1**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Anna Bartlett** 6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **May 14 1877**
(Month) (Day) (Year)

8. AGE: Years **64** Months **6** Days **0** If less than one day hr. min.

9. Birthplace **Sullivan Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Insurance Agent**

11. Industry or business **Insurance**

12. Name **Hugh Bartlett**

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

14. Maiden name **America Payne**
15. Birthplace **Sullivan Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Bartlett**

(b) Address **Green City Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 16, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green City Cem.**

18. (a) Signature of funeral director **Wm E Kent-Son**
(b) Address **Green City, Missouri**

19. (a) **Dec 1-1941** (b) **Virginia Gibson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Sullivan** **105**
(c) City or town **Green City** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **14**
year **1941** hour **11:45** A minute **0** M.

21. I hereby certify that I attended the deceased from **Oct 14** to **Nov 14** 19**41**
that I last saw him alive on **Nov 14** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Dropsy**
Due to **Myocarditis**
HEART FAILURE

Other conditions (Include pregnancy within 3 months of death)
Major findings Of operations **95C**
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **W E Kent-Son** (M. D. or other) **2**
Address **Green City Mo.** Date signed **11-15-41**

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2990

Date Filed DEC 3 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.....

Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address.....

Green 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.