

FILED APR 2 1942

Registration District No. 85

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution:  
1918 SAVANNAH AVE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community ABT 30 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUCHANAN

(c) City or town ST. JOSEPH  
(If outside city or town limits, write "RURAL")

(d) Street No. 1918 SAVANNAH AVE  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY E. BARTLOW

3. (b) If veteran, name war NO

3. (c) Social Security No. 222

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1942 hour 6:11 minute P. M.

21. I hereby certify that I attended the deceased from March 4-42 to March 17 42  
that I last saw her alive on March 17 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color Pkt

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

6. (b) Name of husband or wife Charles L.

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 17 1873  
(Month) (Day) (Year)

Immediate cause of death Mitral insufficiency years \_\_\_\_\_

8. AGE: Years 68 Months 10 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to 92

Other conditions none  
(Include pregnancy within 3 months of death)

9. Birthplace Chellocoche Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Robert Calvin

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

14. Maiden name Mary Ann

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

Major findings: Of operations no operation

Of autopsy no autopsy

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

16. (a) Informant Chas A Bartlow

(b) Address 1918 Sav. Ave

17. (a) burial (b) Date thereof March 19 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WV Auburn Co

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? \_\_\_\_\_

18. (a) Signature of funeral director Roy Stamer

(b) Address 210 1/2 W. 1st St

19. (a) 3-18-1942 (b) H. J. Mathias  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. J. Mathias (M. D. or other) MD

Address 401 Ballinger Bldg Date signed 3-17-42

Dr Melaney  
Ballinger Bldg  
74 Edward.  
2-5 PM

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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. 2435

P. O. Address St Joe Ind

**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.**