

FILED OCT 7 1942

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 51

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

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar
(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 5 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN WILLIAM BARTLOW

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Pearl Bartlow 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 9th, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>4</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace Knox CO., MO. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Bartlow

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

14. Maiden name Mary House

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

16. (a) Informant Mrs Mary LaBranch
(b) Address Lamar, MO.

17. (a) Removal (b) Date thereof 9-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hurdland, MO.

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

19. (a) 9-11-42 (b) Martha River
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Lamar
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10th
year 1942 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug. 27, 1942 to Sept 10, 1942
that I last saw him alive on Aug 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia
Chronic Nephritis and
Chronic Myocarditis

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 1/316

Major findings:
Of operations _____
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 E. E. Duesell (M. D. or other) M.D.
Address Lamar, Mo. Date signed 9/11/42

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Order No. 6,
District File Number 1042-1434
Date Filed OCT 6 1942

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

D. W. A. [Signature]

Licensed Embalmer No.

3141

P. O. Address

Lamar 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.