

FILED NOV 6 1942

State File No. ....

Registration District No. 177

Primary Registration District No. 5-639

Registrar's No. 57

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

1. PLACE OF DEATH:  
 (a) County **Lafayette**  
 (b) City or town **Rural Washington Twns.**  
 (c) Name of hospital or institution: **1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **50 Yrs.**  
 In this community **50 Yrs.**  
 years, months or days

3. (a) PRINT FULL NAME **Charles W. Bartels**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **2** **widower**

6. (b) Name of husband or wife: ..... 6. (c) Age of husband or wife if alive: **22** years

7. Birth date of deceased: **Feb. 22 1852**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>90</b>	<b>7</b>	<b>15</b>	hr. min.

9. Birthplace **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business: .....

12. Name **Fredrick Bartels**

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

14. Maiden name: .....

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

16. (a) Informant **Will Bartels**  
(b) Address **Odessa, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 8, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation **Mt. Tabor Cem. Odessa, Mo.**

18. (a) Signature of funeral director: **E. L. Hummer**  
(b) Address **Odessa, Mo.**

19. (a) **Oct. 7-1942** (b) **Miss W. F. Baker**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Lafayette**  
 (c) City or town **Rural**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **7 miles SE of Odessa**  
 (If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country: .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** Day **7**  
year **1942** hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from **Feb 9** 19**40** to **Oct 6** 19**42**  
that I last saw him alive on **Oct 6** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**

Due to **chronic interstitial nephritis**

Due to **extreme emaciation**

Other conditions: **anemia**  
(Include pregnancy within 3 months of death)

Major findings: **131a**  
Of operations: .....

Of autopsy: .....

Duration

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 **A. C. Schooley** (Date of other) **7/7/42**  
Address **Odessa, Mo.** Date signed .....

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 16-5-42

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 \_\_\_\_\_

*James A. Heisman*

Licensed Embalmer No. 2541

P. O. Address Odessa, 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.