. S. No. 2
OM—5-42
ev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8985

Registrar's No. 1188

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Home- 5825 E. 26th, Terr. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Eleven years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL") 8

(d) Street No. 5825 E.26th. st. Terr.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Herman O. Bartholomew

3. (b) If veteran, name war World War no.I

3. (c) Social Security No. 493-12-6625

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Bertha Bartholomew

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June (Month) 4th. (Day) ~~1892~~ (Year) 1890

8. AGE: Years 52 Months 9 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation cleaner & presser

11. Industry or business

FATHER
12. Name William Bartholomew
13. Birthplace ..... (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Belle M. Fleenor
15. Birthplace ..... (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Mr. Walter F. Bartholomew
(b) Address 1606 E. 8th. st.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill cem.

18. (a) Signature of funeral director Rose & Henderson
(b) Address 15th.& Jackson K.C. Mo.

19. (a) 3-9-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6
year 1943 hour 5:10 minute P. M.

21. I hereby certify that I attended the deceased from Coomen, 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary occlusion
Chronic myocardial infarction
~~Due to~~ acute pulmonary edema

Due to

94W

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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?
(Specify type of place)
While at work? ..... (e) Means of injury

23. Signature [signature] 3 (M. D. or other)
Address K.C. Mo. Date signed 3/8/43

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1943

APR 5 1943

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 John B. Carp

Licensed Embalmer No. 2955

P. O. Address R.C. 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.