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5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 11 1943

Registrar's No. 96

Registration District No. 77

Primary Registration District No. 300

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

1. PLACE OF DEATH  
 (a) County Callaway  
 (b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Callaway County Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Three Days  
(Specify whether  
 In this community Five Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Callaway 14  
 (c) City or town Holt Summit 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1 Mile South Holt Summit 0  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME ELIZA HELEN BARTLEY  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 1  
 year 1943 hour..... minute 1:30 P. M.

4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, Widowed  
2 divorced  
 6. (b) Name of husband or wife Dennis Bartley  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased March 11 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 30 1943 to Mar 31 1943  
 that I last saw him alive on Mar 30 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 0 Days 20  
 If less than one day  
 hr. .... min.

Immediate cause of death Infection ✓  
 Due to.....  
 Due to Infection ✓  
 Other conditions.....  
(Include pregnancy within 3 months of death)

9. Birthplace Hans Prarie, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
 11. Industry or business.....  
 12. Name Chas. C. Moore  
 13. Birthplace Ky.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Bagby  
 15. Birthplace Va.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings:  
 Of operations.....  
 Of autopsy.....

16. (a) Informant Mrs R. D. Smart  
 (b) Address Holt Summit, Mo.  
 17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 4/3/43  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Hillcrest  
 18. (a) Signature of funeral director Low J. Wallace  
 (b) Address 7 W 6th St. Fulton, Mo  
 19. (a) 4-3-1943 (b) Joie Mansueti  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify)..... 0 14  
 (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. M. Ruch (M. D. or other).....  
 Address New Tampa Date signed 4/6/43

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.....

*Robert E. White*

Licensed Embalmer No. ....

*4168*

P. O. Address.....

*Fulton, 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13878

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Co. Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 da (Specify whether  
In this community 5 yrs years, months or days)

3. (a) PRINT FULL NAME Eliza H. Barbery  
3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex 7 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased mech 11 - 1899  
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 0 If less than one day - min.

9. Birthplace Callaway, Mo (City, town, or county) (State or foreign country)

10. Usual occupation -

11. Industry or business -

MOTHER FATHER  
12. Name -  
13. Birthplace - (City, town, or county) (State or foreign country)  
14. Maiden name -  
15. Birthplace - (City, town, or county) (State or foreign country)

16. (a) Informant -  
(b) Address -

17. (a) - (Burial, cremation, or removal) (b) Date thereof - (Month) (Day) (Year)  
(c) Place: burial or cremation -

18. (a) Signature of funeral director -  
(b) Address -

19. (a) - (Date received local registrar) (b) - (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway  
(c) City or town Rural (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 April year 1943 hour - minute - M.

21. I hereby certify that I attended the deceased from - to -, 1943; that I last saw him alive on -, 1943; and that death occurred on the date and hour stated above. Immediate cause of death Engorgement

Due to -

Due to Infection  
Blister from burn of hot water bottle  
Other conditions supplied w/ opms  
(Include pregnancy within 5 months of death)

Major findings:  
Of operations -  
Of autopsy -  
1952  
99

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 - (M. D. or other) -  
Address - Date signed -

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

SUPPLEMENTARY

