

FILED JUL 12 1943
Registration District No. 98

Primary Registration District No. 5357

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

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1. PLACE OF DEATH

(a) County Daviss Co

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

(c) Name of hospital or institution:
Benton Twp 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviss

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

(d) Street No. Benton Township
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Manirva Lee Bartlett

3. (b) If veteran, name war _____

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1943 hour 12:45 minute _____ a. m.

21. I hereby certify that I attended the deceased from Aug 24 - 10
1942 to June 6 1943
that I last saw her alive on June 5 1943
and that death occurred on the date and hour stated above.

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

(b) Name of husband or wife Josh Bartlett (Decd) (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 4 1864
(Month) (Day) (Year)

Immediate cause of death _____

Due to Central Hemiplegia

Due to _____

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

8. AGE: Years 79 Months 2 Days 2 If less than one day _____ hr. _____ min.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER { 12. Name James Auldridge

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

14. Maiden name Hannah Ellis

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

16. (a) Informant Mrs Ios Walker

(b) Address Pattonburg Mo RR 4

17. (a) Burial (b) Date thereof June 7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IOOF Cemetery

18. (a) Signature of funeral director Ed Brown

(b) Address Pattonburg Mo

19. (a) 6-13-1943 (b) A. D. Jackson
(Date received local registry) (Registrar's signature)

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 John D. Tanner (M. D. or other)
Address Pattonburg Mo Date signed 6/4/43

JUL 27 1943

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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 E. S. Gromer

Licensed Embalmer No. 2857

P. O. Address Pattersonburg 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.

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