

FILED OCT 20 1943

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany

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

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

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

(d) Street No. Dallas (twp)
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Paul Dean Bartlett

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2
year 1943 hour 7:30 minute 2 M.

21. I hereby certify that I attended the deceased from Aug. 28
1943 to Sept. 20 1943
that I last saw him alive on Sept. 20 1943
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None

7. Birth date of deceased Jan 20 1935
(Month) (Day) (Year)

Immediate cause of death Influenza & Complication of worn papain

Due to 0

8. AGE: Years 8 Months 7 Days 12 hr. 0 min.

Due to 0

Other conditions (Include pregnancy within 3 months of death) 33F

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

10. Usual occupation None

11. Industry or business None

12. Name Riley Bartlett

13. Birthplace Ill. 1
(City, town or county) (State or foreign country)

14. Maiden name Kelly Kidwell

15. Birthplace Harrison C. Mo. 0
(City, town or county) (State or foreign country)

16. (a) Informant Riley Bartlett

(b) Address Martinsville Mo.

17. (a) Burial (b) Date thereof 9-8-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kidwell Cem.

18. (a) Signature of funeral director Mrs. Hagan

(b) Address Bethany Mo.

Major findings: Of operations 33F

Of autopsy 0

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? (City or town) (County) (State) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

(Specify type of place) (e) Means of injury 0

23. Signature Ernest E. Wood (M.D. or other) DD

Address Bethany Mo. Date signed Sept 9 1943

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Licensed Embalmer No. 3899

P.O. Address

Bithany, 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.