

FILED FEB 10 1944

State File No. _____

376

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
1009 East 17th Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 East 17th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA BARTLETT
3. (b) If veteran, name war None
3. (c) Social Security No. 496-07-8318

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. 20, day Thursday
year 1944 hour 7:40 minute P. AM.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Slawley Bartlett
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 13, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 11/43
to Jan 20, 1944
that I last saw her alive on Jan 13th, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 1 Days 7
If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of Cervix
Duration _____

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

Due to _____
Due to _____

10. Usual occupation Catholic Registrar

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

11. Industry or business _____

Major findings: _____
Of operations _____

MOTHER FATHER { 12. Name James Kemp

Of autopsy none 480
Underline the cause to which death should be charged statistically.

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

14. Maiden name Nannie Shall

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

16. (a) Informant Docie Jackson Williams

(b) Address 2814 Jackson

17. (a) Burial (b) Date thereof 1/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Starkins Bro.
(b) Address 1729 Lydia Avenue

19. (a) Jan 24, 1944 (b) SE Brown
(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) _____

(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 L. B. Buggenheim (M. D. _____)

Address 7202 E 18th Date signed _____

Huggenheim

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.....

J. Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address.....

2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.