

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 7 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19411
Registrar's No. 87

Registration District No. 278

Primary Registration District No. 4552

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 3 yrs (Specify whether years, months or days)
In this community 3 yrs

3. (a) PRINT FULL NAME

DELLA CARLSON Bartholow

3. (b) If veteran, name war No 270
3. (c) Social Security No 270

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James A. Bartholow
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased October 27 1872 (Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 27 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Jones

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

14. Maiden name

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

16. (a) Informant Mrs. Lillian Shriner

(b) Address Los Angeles, California

17. (a) Burial (b) Date thereof 6/5/44 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kansas

18. (a) Signature of funeral director E. J. Bohrer

(b) Address Mountain Grove Mo.

19. (a) 6/2/44 (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Mountain Grove
(If outside city or town limits, write "RURAL")

(d) Street No. (If present give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1944 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from 43 12-8 1944
to 5 29 1944
that I last saw her alive on 5 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Arteriosclerosis
Due to Arthritis 5 yrs

Due to Infarction of Myocardium 2 mo

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 582

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 W. A. Craig (M.D. or other)

Address Mountain Grove Mo Date signed 6/2/44

JUN 7 1944

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 Leanne J. Hall

Licensed Embalmer No. 2784

P. O. Address Genevieve no

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.