

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED JUL 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21460

Registration District No. 99

Primary Registration District No. 5373

Registrar's No. 211

1. PLACE OF DEATH:

(a) County DE KALB (CAMDEN)
(b) City or town MAYSVILLE (RURAL)
(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution 1
(Specify whether

In this community 50
years, months or days)

3. (a) PRINT FULL NAME HENRY CLAY BARTLETT

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

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

6. (b) Name of husband or wife MARY A BARTLETT 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased JULY 19-1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 24 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Clay Bartlett

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

14. Maiden name Mary A. Madder

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

16. (a) In residence Madison Mo

(b) Address Mayville Mo

17. (a) Burial Burial (b) Day thereof 6-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Family

18. (a) Signature of funeral director WALTER A. HOME

(b) Address MAYSVILLE MO

19. (a) 6-15-44 (b) John Clark
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County De Kalb
(c) City or town Mayville 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 June day 13 -
year 1944 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from May 10 1944 to June 7 1944

that I last saw him alive on June 6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis ?

Due to

Due to

Other conditions Chronic Nephritis 2 mo
(Include pregnancy within months of death) (secondary to heart)

Major findings: Of operations

Of autopsy 1318

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) Means of injury

23. Signature Dr. R. H. Reynolds (Doctor or other)

Address Mayville Mo Date signed 6/16/44

DEC 15 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.....

Licensed Embalmer No. 3960

P. O. Address.....

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.