7. S. No. 2
DM—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1945

Registration District No. 749

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8451

Registrar's No. 1113

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: Res - 8013 - Wilson ave -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 10 - months -

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. 8013 - Wilson ave -
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Abbie Temple Bartlett
3. (b) If veteran, name war no -
3. (c) Social Security No. no
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unk
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) 23 (Day) 1875 (Year)
8. AGE: 69 Years Months 3 Days 18 If less than one day hr. min. 17
9. Birthplace Wallace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Mitchell Ray
13. Birthplace Sibley (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Ella May Hutchison
15. Birthplace Fairfax (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Donald P. Bartlett
(b) Address 8013 - wilson ave -
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13 - 45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park at Joseph Mo
18. (a) Signature of funeral director H. M. Atchison
(b) Address Savannah mo -
19. (a) 3-10-45 (Date received local registrar) (b) T. E. Brown (U.D.) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1945 hour 11 - A.M. minute M.
21. I hereby certify that I attended the deceased from 3-10- 1945 to 3-10- 1945 that I last saw alive on 3-10- 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Congestive Heart Failure	48 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 2	
Major findings: Of operations 932	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature C. H. Allen (M. D. or other) M.D.
Address Independence Mo Date signed 3-10-45

(Licensed Embalmer's Statement on Reverse Side)

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. 2279, working under my personal supervision.

Signed G M Atchison

Licensed Embalmer No. 2279

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.