

FILED JUL 21 1945

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 44

1. PLACE OF DEATH:

- (a) County Pulaski
(b) City or town Waynesville
(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 or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Maude Alsie Victoria Bartlett

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter R. Bartlett 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Jan. 12, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 17 hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name David W. Wilkerson
13. Birthplace Crocker Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Hensley
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Clyde Colley
(b) Address Waynesville, Mo.

17. (a) Burial (b) Date thereof 5/31/45
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Crocker Cem.

18. (a) Signature of funeral director J. L. HOOPS & SONS
(b) Address Crocker, Mo.

19. (a) 6-19-1945 (b) Chas. M. Dodd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pulaski 85
(c) City or town Rural (Liberty T. S.) 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1945 hour 4 minutes 30 P.M.

21. I hereby certify that I attended the deceased from April 5
1945 to May 29 1945
that I last saw him alive on May 29
and that death occurred on the date and hour stated above.

- Immediate cause of death pulmonary embolism
Duration _____

- Due to Cholecystotomy
Due to _____

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

- Major findings:
Of operations 11/10
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? _____

- While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. O. Newitt (M. D. or other) DO.
Address Waynesville Mo. Date signed 6-18-45

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

Paul B. Hooper

Licensed Embalmer No.

3261

P. O. Address

Grocker, 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.