V. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

100060

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1988

FILED JAN 21 1946

Registration District No. 14 Primary Registration District No. 14506640 2 7 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Burgess (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: P.O. Mulberry, Kans. (If not in hospital or institution, write street number or location)

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

In this community 33 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town P.O. Mulberry Kans. 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Enrico Bartelli

3. (b) If veteran, name war

3. (c) Social Security No. 509-05-9843

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Mar 1

6. (b) Name of husband or wife Adelia

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 9 (Month) 18 (Day) 1875 (Year)

8. AGE: Years 70 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Gubio (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business Deep Mine

FATHER
12. Name Jacob Bartelli
13. Birthplace Italy 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Thelma Menichetti
15. Birthplace Italy 5 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adelia Bartelli

(b) Address Mulberry, Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 2 (Day) 1946 (Year)

(c) Place: burial or cremation Pittsburg, Kans.

18. (a) Signature of funeral director J. M. Berkey

(b) Address Mulberry, Kans.

19. (a) Jan 6. 46 (Date received local registrar) (b) Antoine Lehester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1945 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from Dec 29, 1945 to Dec. 29, 1946 that I last saw him alive on Dec 29, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 hrs
Due to Hypertension c arteriosclerosis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 [signature] (M. D. ~~or other~~)

Address Mulberry, Kans. Date signed 12/31/45

13

(Licensed Embalmer's Statement on Reverse Side)

AUG 26 1905

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. M. Berkey

Licensed Embalmer No. 2336

P. O. Address Mulberry Kans.

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.