

FILED MAY 20 1946
Registration District No. **147**

Primary Registration District No. **1002**

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

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days)
 In this community 2 1/2 years

3. (a) PRINT FULL NAME Charles Bartholomew

3. (b) If veteran, name war yes Mexican 3. (c) Social Security No. 486-05-8101

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

6. (b) Name of husband or wife Ellen Bartholomew 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Oct 12 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 23 If less than one day hr. min.

9. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

12. Name Charles S Bartholomew

13. Birthplace Coney Island N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs P. Hines

(b) Address 1731 Holly

17. (a) Burial (b) Date thereof 5-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Quinn & Tobin Co
 (b) Address 20 W. Raymond

19. (a) 5-7-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 314 W. 9 St.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1946 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 15 1946 to May 5 1946
 that I last saw him alive on May 5 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to

Due to

Other conditions 13.5
(Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy See above

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?
 (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 Wm W Hart (M.D. or other) MD
 Address Med. Dir. Gen'l Hosp. Date signed 5-6-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Charles M. Quinn*.....
Licensed Embalmer No..... *3774*.....
P. O. Address..... *K. E. 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.