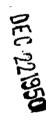
S. No. 2 M5-43 . 5-17-39	DEPARTMENT OF COMMERCE 10 1915 HE STATE BOARD OF P	HEALTH OF MISSOURI State File No. 29418
> I X36671 -	Registration District No. 379 Primary Registration District	ct No. 4552 Registrar's No. 25
	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
% ₽	(a) County Wright Wountain Grove	(a) State Missouri (b) County Wright //4
PERMANENT RECORD	(b) City or town (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	(c) City or town Mountain G10 Ve (If outside city or town limits, write "RURAL")
/ <u>"</u>	(If not in hospital or institution, write street number or location)	(d) Street No
/) 🖁	(d) Length of stay: In hospital or institution.	
N.Y.	In this community	(c) Citizen of foreign country?
2	years, months or days)	If yes, name country
PE	3. (a) PRINT Leroy Arthur Bartholow	MEDICAL CERTIFICATION
¥	3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month AUGUST day 31
KE	name war	<u> </u>
J INK-MAKE	5. Color or 6. (a) Single, widowed, married,	21. I hereby certify that I attended the deceased from 1. 194 to 9/3 / 1945
Ţ	4. Sex Male O scool white divorced Married	that I last saw have on \$/31
IDE	6. (b) Name of husband or wife	and that death occurred on the date and hour stated above.
NON.	Nora Bartholow alive 46 years	Immediate cause of death
	7. Birth date of deceased May 26 1897 (Mouth) (Day) (Year)	2 la sur
282 UNFADING BLAC	8. AGE: Years Months Days If less than one day	Due to
L. AS		Due to
9	49 3 5 <u>min.</u>	Due to.
Ę.	9. Birthplace Texas County Missouri / (City, town, or county) (State or foreign country)	
	(City, town, or county) (State or foreign country) 10. Usual occupation Blacksmith	Other conditions.
-USE	11. Industry or business.	'(Include pregnancy within 3 months of death) PHYSICIAN
	H (12 Name James Bartholow)	Major findings: Of operations
Ĭ.	IFS Miccomi	Underline the cause to
ΑĬ	(City, town; or county) (State or foreign country) (State or foreign country)	which death Of autopsy should be
PL	 	charged sta- tistically.
WRITE PLAINLY	(City, town, or county) (State or foreign country)	22. If death was due to external causes, fill in the following:
T.	16. (a) Informant WILS NOTE DETCHOLOW	(a) Accident, suicide, or homicide (specify)
. 😕	(b) Address Mountain Grove Missouri	(b) Date of occurrence
	17. (a) Burial (b) Date thereof 9/4/1946 (Month) (Day) (Year)	(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?
	(c) Place: burial or cremation Hill Crest Cemeteru	(c) Did tajany occur in or about nome, on farm, in industrial place, in public places
	18. (a) Signature of funeral director	While at work? (Specify type of place) What work? (Specify type of place) Weans of injury
	(b) Address Mountain Grove Missouri	23. Signature R.A. (Yan (M.D. orothor)
ĺ	19. (a) Cale received local registrar) (Registrar's signature)	Address Why Fraul mo Date signed 9/4-1
	3 48 (Licensed Embalmer's State	
	J T 0 1	<u> </u>



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded or	n the reverse side of this certificate was embalmed by me, or by
***************************************	, Registered Apprentice No,
working under my personal supervision.	Signed Supple
	Licensed Embalmer No.
	P.O. Adol M. a Sauce Illa
Note: The above MUST BE SIGNED BY THE LIC	ENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

If this body is not embalmed, fact should be so stated above.

the above constitutes grounds for revocation of license.)