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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29418

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove
(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. years, months or days)

3. (a) PRINT FULL NAME Leroy Arthur Bartholow

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora Bartholow 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased May 26 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 3 5 hr. min.

9. Birthplace Texas County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

12. Name James Bartholow
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Annie Hickman
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nora Bartholow
(b) Address Mountain Grove Missouri

17. (a) Burial (b) Date thereof 9/4/1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Mountain Grove Missouri

19. (a) 9-4-46 (b) A.C. Ames
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Mountain Grove
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1946 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from
8/1 1946 to 8/31 1946
that I last saw him alive on 8/31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of bladder and bowels
Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations [Signature]
Of autopsy

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.A. Ryan (M. D. or other)
Address Mtn Grove Mo Date signed 9/4-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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(Licensed Embalmer's Statement on Reverse Side)

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

28255

DEC 22 1950

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.....

Licensed Embalmer No. 316

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.