No. 2
M—5-43
5-17-39
X36671

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

33042

FILED SEP 21 1946

State File No.

Registration District No. 41 Primary Registration District No. 3012 Registrar's No. 122

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: 528 Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 27 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 528 Benton
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Paris Bartley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora D. Bartley

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased November (Month) 22 (Day) 1866 (Year)

8. AGE: Years 79 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation Doctor of Medicine

11. Industry or business

FATHER
12. Name Francis N. Bartley
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Margaret Sullivan
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant Earl Bartley
(b) Address Excelsior Springs, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs

19. (a) 10/6/46 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th
year 1946 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from My. 12th, 1944, to Sept. 30, 1946
that I last saw him alive on Sept. 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Cerebral hemorrhage 1943

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

94A

Duration

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) No

(b) Date of occurrence No

(c) Where did injury occur? No. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature S R McCracken (M. D. or other) MD.

Address Excelsior Springs Mo. Date signed 10/2/46

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(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 8,

State File Number

Date Filed 10-19-52

OCT 3 1952

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs

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.