S. No. 2
1—9-4-41
7. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36364

Registration District No. 64 Primary Registration District No. 5244 Registrar's No. 54

1. PLACE OF DEATH:
(a) County: Chariton
(b) City or town: rural Cockrell Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at junction of Mo. 129 + County road D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: —
In this community (Specify whether years, months or days): Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Chariton
(c) City or town: rural
(If outside city or town limits, write "RURAL")
(d) Street No.: at junction of Missouri 129 + County D
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Alvin Winfred Bartholomew
3. (b) If veteran, name war: —
3. (c) Social Security No. 499-16-6898
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Nov (Month) 30 (Day) 1906 (Year)
8. AGE: Years 39 Months 11 Days 17 If less than one day hr. min.
9. Birthplace: (City, town, or county) Mo (State or foreign country)
10. Usual occupation: farmer
11. Industry or business: —
FATHER 12. Name: Lucius
FATHER 13. Birthplace: (City, town, or county) New York (State or foreign country)
MOTHER 14. Maiden name: Lena Kemper
MOTHER 15. Birthplace: Chariton Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Lena Parks
(b) Address: Bynumville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 18, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Mc Gurn Cemetery
18. (a) Signature of funeral director: Geo. B. Winkelmeyer
(b) Address: Salisbury Mo
19. (a) 11-17-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1946 hour 6 minute PM. M.
21. I hereby certify that I attended the deceased from 11-16, 1946, to 11-16, 1946, that I last saw him alive on 11-16, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coma	
Due to: Diabetes.	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
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: [illegible] (M. D. or ~~Coroner~~)
Address: Salisbury Mo Date signed 11-17-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-2-46

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 Chas B Winkelmeyer

Licensed Embalmer No. 38420

P. O. Address Salisbury, Mo.

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.