

FILED DEC 17 1946 **77**

Registration District No. \_\_\_\_\_ Primary Registration District No. **3016**

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

1. PLACE OF DEATH:

(a) County **Cole**

(b) City or town **Jefferson City**  
(If outside the city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: **St. Marys Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**  
(Specify whether \_\_\_\_\_)

In this community **1 day**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**

(c) City or town **Jeffersville**  
(If outside city or town limits, write "RURAL")

(d) Street No. **In town**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Cora Ella Bartley**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **2**  
year **1946** hour **10** minute **500** a.m.

21. I hereby certify that I attended the deceased from **Dec 2**, 19**46** to **Dec 2**, 19**46**  
that I last saw h. **21** alive on **Dec 2**, 19**46**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Larry** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **March 8 1889**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral hemorrhage**

Due to \_\_\_\_\_

Due to **Arterial hypertension**

Other conditions **Hypertension**  
(Include pregnancy within 5 months of death)

8. AGE: Years **57** Months **8** Days **24**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **93E**

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Callaway County, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **at home**

12. Name **John Scott**

13. Birthplace **Callaway County, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Hughes**

15. Birthplace **Callaway County, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Larry Bartley**

(b) Address **Jeffersville, Mo.**

17. (a) **Burial** (b) Date thereof **12-3-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Reveries**

18. (a) Signature of funeral director **James Lewis**

(b) Address **200 Jefferson**

19. (a) **12-4-46** (b) **R. P. Davis MD**  
(Date received local registrar) (Registrar's signature)

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)

2. While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Jefferson City** (M. D. or other) **MD**  
Address \_\_\_\_\_ Date signed **12/1/46**

**RECEIVED**  
District Health Officer No. 9,  
District File Number  
Date Filed 12-10-45

**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 J. M. [Signature]

Licensed Embalmer No. 3641

P. O. Address [Signature]

**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.**