

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
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State File No. \_\_\_\_\_

Registrar's No. 161

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1947

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1912 1/2 Jones Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 28 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1912 1/2 Jones Street  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME Alice Bartlett Thomas

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife H.M. Thomas

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

7. Birth date of deceased December 5 1858  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>1</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Henry Clay Bartlett

13. Birthplace Dutchess County New York  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Maddox

15. Birthplace Stewartsville Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Dunavant

(b) Address 1912 1/2 Jones St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Febr. 4, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 2-4-47 (b) H. L. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2, year 1947, hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4 February, 1947 to 2 Feb, 1947, that I last saw h. GR alive on 1 Feb, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes - old age -

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 16210

Of operations \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury 0

23. Signature Walter C. McDonald (M. D. or other) MD

Address 301 N. 8th St. Date signed 3 Feb 47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

382

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

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**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 *Albert P. Harrington*  
Licensed Embalmer No. *3258* Missouri.  
P. O. Address *St. Joseph, 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.**