

FILED APR 8 1947
Registration District No. 345

Primary Registration District No. 4513

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Green Castle Penn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Green Castle, Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME DANIEL J. BARTHOLOMEW

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased March 1 1859 (Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Stickleville Mo. U (City, town, or county) (State or foreign country)

10. Usual occupation Retired Hotel Mgr

11. Industry or business Hotel

12. Name Abraham Bartholomew

13. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

14. Maiden name Sarah Myers (State or foreign country)

15. Birthplace Warren Co. Ill. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Dr. R. R. Rhyder

(b) Address Green Castle, Mo.

17. (a) Burial (b) Date thereof Mar 26 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Green Castle Cem

18. (a) Signature of funeral director Blennie E. Rhyder

(b) Address Green City, Mo.

19. (a) 4-2-47 (b) Lukas Shaw (Date received local registrar) (Registrar's signature)

(c) County (City or town) (County) (State)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan 105
(c) City or town Green Castle 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1947 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from March 18 1947 to March 24 1947
that I last saw him alive on March 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 4 yrs

Due to ✓

Due to ✓

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131B

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. T. Gannon (M. D. or other)

Address Green Castle, Mo. Date signed 3-29-47

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(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 4-47-642
Filed APR - 5-1947

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

Archibald Wade

Licensed Embalmer No. 3037

P. O. Address

Furkin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.