V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13276

Registration District No. 138 Primary Registration District No. 5529 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Wheatland - Rural -
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory 43

(c) City or town Wheatland Mo Rural 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) 0

If yes, name country

3. (a) PRINT FULL NAME John Bartshe

3. (b) If veteran, name war

3. (c) Social Security No. Unknown

4. Sex Male C

5. Color or race White

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

6. (b) Name of husband or wife Hattie Blanche Bartshe

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased January (Month) 15 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	2	15	hr. min.

9. Birthplace Wheatland (City, town, or county) Missouri - Rural - (State or foreign country)

10. Usual occupation Insurance

11. Industry or business

FATHER
12. Name Daniel Bartshe
13. Birthplace Wooster (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Nancy Cook
15. Birthplace Wheatland (City, town, or county) Missouri Rural (State or foreign country)

16. (a) Informant Garret Bartshe
(b) Address Wheatland Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April (Month) 2 (Day) 1947 (Year)
(c) Place: burial or cremation Hermitage Cemetery

18. (a) Signature of funeral director Hathaway Funeral Home
(b) Address Wheatland, Missouri

19. (a) April 11-47 (Date received local registrar) (b) W. P. Hargiss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1947 hour 10:40 minute A. M.

21. I hereby certify that I attended the deceased from 2/25, 1947 to 3/30, 1947
that I last saw him alive on 3/29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Labor Pneumonia	4 hr
	7 d
Due to Influenza	
Due to Myocarditis	1 hr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations B3P
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? C
(Specify type of place)
While at work? (e) Means of injury

23. Signature L. A. Glasco (M. D. or other) MD
Address Urbana Mo Date signed 3/31/47

1 of 1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-47-437
Date Filed 4-16-47

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 Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.