

Registration District No. 210 Primary Registration District No. 4522

1. PLACE OF DEATH:

(a) County Monroe MO
(b) City or town Princeton MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Optell Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 weeks
In this community 86 - 2 - 25 (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARTHA T. BARTGROVER

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

4. Sex Female 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 thirteen years
7. Birth date of deceased Jan 24 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 25 hr. _____ min. _____

9. Birthplace Jackson MO (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

12. Name William Bachman

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

14. Maiden name Bathams (City, town, or county) (State or foreign country)

15. Birthplace Jackson MO (City, town, or county) (State or foreign country)

16. (a) Informant Walter B. B. B. B.

(b) Address Gilman City MO

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Jan 20 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Princeton MO

18. (a) Signature of funeral director W. S. Haines

(b) Address Gilman City MO

19. (a) S-3-47 (Date received local registrar) (b) Edw. Martin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Daviess 31
(c) City or town Gilman City MO Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1947 hour 12 minute A. M.

21. I hereby certify that I attended the deceased from March 28 19 47 to April 18 19 47
that I last saw her alive on April 18 and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration 5 da.

Due to cerebral hemorrhage 5 da.

Due to fracture right femur 22 da.

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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) accident 31

(b) Date of occurrence March 28, 1947

(c) Where did injury occur? Gilman City, Missouri (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at her home

While at work? no (Specify type of place) (e) Means of injury fall 2

23. Signature Byron D. Aptell (M. D. or other D.O.)

Address Princeton, Mo. Date signed 4/22/47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

W.D. Haines

....., Registered Apprentice No.....

working under my personal supervision.

Signed

W.D. Haines

Licensed Embalmer No.

942

P. O. Address

Liberty, 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.