S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1947

Registration District No. 47

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4068

33842

State File No.

Registrar's No. 356

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Mokane (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 9 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Mokane (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

3. (a) PRINT FULL NAME Piercie Ann Bartley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. /

5. Color or race W.

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

6. (b) Name of husband or wife George Bartley.

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

7. Birth date of deceased Nov. (Month) 25 (Day) 1856 (Year)

8. AGE: Years 90 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation ~~House~~ none

11. Industry or business

FATHER
12. Name George H. Artdodd
13. Birthplace Readsville (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Melissa Johnson
15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Lowell Boone

(b) Address Mokane, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Antioch.

18. (a) Signature of funeral director Glen Maupin

(b) Address Fulton, Mo.

19. (a) Oct 9-1947 (Date received local registrar) (b) Josie Morsuckhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1947 hour 2:30 minute A.M.

21. I hereby certify that I attended the deceased from January 16, 1947, to Oct. 7, 1947 that I last saw her alive on Oct. 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endocarditis with dropsy	
Due to	
Due to	
Other conditions no (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

92E

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (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 W. W. Wilkinson (M. D. ~~or other~~)

Address Mokane, Mo. Date signed 10/8/1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 17 1942

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 Theodore Skinner, Jr., Registered Apprentice No. 555, working under my personal supervision.

Signed J. I. Rosson

Licensed Embalmer No. 2555

P. O. Address Fulton 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.