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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2013

State File No.

Registration District No. 2117 Primary Registration District No. 4411 Registrar's No. 10

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

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Bowling Green, Mo
(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 life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pike
(c) City or town Bowling Green, Mo
(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 RUFUS E. BARTLETT
3. (b) If veteran, name war /
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ANNIE P BARTLETT
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased November (Month) 16 (Day) 1863 (Year)

8. AGE: Years 84 Months 2 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace Montgomery Co, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business /

FATHER
12. Name W. H. BARTLETT
13. Birthplace Augusta, (City, town, or county) Maine (State or foreign country)

MOTHER
14. Maiden name Linda Whiteside
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant T. C. BARTLETT
(b) Address Middletown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 20, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Middletown Cemetery

18. (a) Signature of funeral director John M. Butler
(b) Address Bowling Green Mo.

19. (a) 1-31-48 (Date received local registrar) (b) Bill Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th year 1948 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 16th, 1948 to Jan. 18th, 1948; that I last saw him alive on Jan. 18th, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Arterio-sclerosis	
Due to —	
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)
(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 J. B. Briggs M.D. (M. D. or other)
Address Bowling Green, Mo. Date signed 1/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-48-240
Date Filed FEB -5 1948

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 John W. Butler

Licensed Embalmer No. 4447

P. O. Address Bowling Green Ky

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.