

FILED FEB 3 1949  
Registration District No. 4

Primary Registration District No. 3056

Registrar's No. 39

1. PLACE OF DEATH:

(a) County. Randolph

(b) City or town. Moberly, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Rand.

(c) City or town. Moberly, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 732 S. 4th St  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM BARTLETT

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1948 hour 10:40 minute PM

21. I hereby certify that I attended the deceased from Jan 1 1948 to Jan 24 1948

4. Sex Male 5. Color or race col.

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

6. (b) Name of husband or wife. Madie Bartlett

6. (c) Age of husband or wife if alive. 1 years

7. Birth date of deceased. Oct 1 1878  
(Month) (Day) (Year)

that I last saw h..... alive on Jan 24 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Nicholas Mellitus

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>3</u>	<u>23</u>	..... hr. .... min.

Due to Myocardial Infarction

Due to.....

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

10. Usual occupation. Brick Mason

Other conditions.....  
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name Ellis Bartlett

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

14. Maiden name Betty Lang

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

Major findings:  
Of operations..... W

Of autopsy.....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

16. (a) Informant Mrs Madie Bartlett

(b) Address 732 S. 4th St

17. (a) Burial (b) Date thereof 1-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Moberly

18. (a) Signature of funeral director R. L. Carr

(b) Address Moberly, Mo

19. (a) 1-28-48 (b) Leah Wilson-Love  
(Date received local registrar) (Registrar's signature)

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) 3  
While at work..... (e) Means of injury..... 2

23. Signature [Signature] (M. D. or other) Dr  
Address Moberly, Mo Date signed 1-26-48

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

88  
6  
3

MOTHER-FATHER

MAY 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

*R. L. Carr*

Licensed Embalmer No. 3190

P. O. Address Moberly 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.