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5-17-39  
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Rice  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7763**

FILED APR 1 1948  
Registration District No. **2723**

Primary Registration District No. **4037**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution:  
Foster, Mo  
(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

3. (a) PRINT FULL NAME James Edmund 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 W 2

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

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

7. Birth date of deceased May 25 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90	7	20	_____ hr. _____ min.
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9. Birthplace Bates Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Edmund Bartlett

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

14. Maiden name Marie Cook

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

16. (a) Informant Homer Bartlett

(b) Address Foster, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 17 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Culver-Underwood

(b) Address Butler, Mo.

19. (a) 1-17-48 (Data received local registrar) (b) Gene H. Martens (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Foster  
(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 January day 14  
year 1948 hour 10 minute 0 A.M.

21. I hereby certify that I attended the deceased from 1940  
1940, 19\_\_\_\_, to Jan 14, 1948, 19\_\_\_\_;

that I last saw him alive on Jan 14, 1948, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to Age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Butler, Mo. Date signed 1-17-48

long

District Health Officer No. 7,  
District File Number 2-48-188  
Date Filed 3-8-48

**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 G. Anderson  
Licensed Embalmer No. 3585  
P. O. Address Butler Ohio

**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.