

FILED AUG 12 1948

Registration District No. _____

Primary Registration District No. **5055**

Registrar's No. **51**

1. PLACE OF DEATH:

(a) County **Barry**
 (b) City or town **Rural - Cappe Creek**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.R.#1 Pierce City
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)
 In this community **Entire life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
 (c) City or town **Rural**
(If outside city or town limits, write "RURAL")
 (d) Street No. **R.R.#1 Pierce City mo**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **none**

3. (a) PRINT FULL NAME **Sophia Rose Bartkoski**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **H** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Anthony Bartkoski** 6. (c) Age of husband or wife if under 60 years **about 60**
 7. Birth date of deceased **June 6 1891**
(Month) (Day) (Year)

8. AGE: Years **57** Months **1** Days **1** hr. min.

9. Birthplace **Pulaski field Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **Anton Wroblewski**
 13. Birthplace **Poland**
(City, town, or county) (State or foreign country)
 14. Maiden name **Constance Dombroski**
 15. Birthplace **Poland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anton Bartkoski**
 (b) Address **R.R.#1 Pierce City Mo**

17. (a) **Burial** (b) Date thereof **7-9-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pulaski field mo**

18. (a) Signature of funeral director **Callaway Funeral Home**

(b) Address **Monett mo**

19. (a) **7-17-48** (b) **W. M. West**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7**
 year **1948** hour **9** minute **20** A.M.
 21. I hereby certify that I attended the deceased from **May 4th**
 19**48** to **July 7th** 19**48**
 that I last saw her alive on **July 6th** 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Luen**
 Duration **19**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **124B**
 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? _____

18. (a) Signature of funeral director **Callaway Funeral Home** while at work? _____
(Specify type of place) (c) Means of injury

23. Signature **W. M. West** (M. D. or other) **MD**
 Address **Monett Mo** Date signed **7/7/48**

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE

RECEIVED

District Health Officer No. 8;

District File Number 848-884

Date Filed AUG 1 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 *J. D. Buchanan*
Licensed Embalmer No. *3179*
P. O. Address *Mount Vernon*

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.