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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32358**

FILED NOV 5 1948

Registration District No. **72**

Primary Registration District No. **3289**

Registrar's No. **105**

1. PLACE OF DEATH:

(a) County **Clay**
(b) City or town **North Kansas City, Mo.**
(c) Name of hospital or institution:
at home
(d) Length of stay: In hospital or institution **none**
In this community **8 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay**
(c) City or town **North Kansas City**
(d) Street No. **R.F.D. # 10**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Mrs. Sallie J. Bartlett**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **487-09-4883**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Edwin H. Bartlett** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **October 8, 1876**

8. AGE:	Years	Months	Days	If less than one day
	72	0	11	hr. min.

9. Birthplace **Orrick, Mo.**

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Lames F. Pigg**

13. Birthplace **Casey county, Ky.**

14. Maiden name **Elizabeth S. Stanby**

15. Birthplace **Casey county, Ky.**

16. (a) Informant **James E. Bartlett**

(b) Address **R.F.D. #10 North K.C. Mo.**

17. (a) **Burial** (b) Date thereof **10-21-48**

(c) Place: burial or cremation **Orrick, Mo.**

18. (a) Signature of funeral director **Melody McGilley-Eylar**

(b) Address **Kansas City, Mo.**

19. (a) **Oct 21 - 1948** (b) **Beulah Kitchey**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** 19th day **19th** year **1948** hour **5** minute **05P.** M.

21. I hereby certify that I attended the deceased from **Oct 12** to **Oct 19, 1948** that I last saw him alive on **Oct 19, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Hypertension**

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

Major findings: Of operations: **BA**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature **Beulah Kitchey** (M. D. or other) **MD**
Address **1014 W. 29th St. Bldg.** Date signed **10/20/48**

Duration
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 11-4-48

Argyle Bldg
Rm 3154

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 Allen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.