

FILED JUL 30 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. 23296
 2981

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY No 48</u>		
c. LENGTH OF STAY (in this place) <u>30 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>5205 OLIVE STREET</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5205 OLIVE STREET</u>		d. STREET ADDRESS (If rural, give location) <u>5205 OLIVE STREET</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET KATHERINE</u> b. (Middle) <u>BARTLETT</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-6-1949</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE-30-1896</u>	9. AGE (In years last birthday) <u>53 YEARS</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>AINSWORTH, NEBRASKA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>D. H. DRESSEN</u>		13b. MOTHER'S MAIDEN NAME <u>SHENK</u>	14. NAME OF HUSBAND OR WIFE <u>ROBERT M. BARTLETT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>351-19-3599</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT M. BARTLETT</u> ADDRESS <u>5205 OLIVE STREET KANSAS CITY, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA left breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 YRS</u> <u>2 YRS</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>MAY</u> , 19 <u>46</u> to <u>6 July</u> , 19 <u>49</u> that I last saw the deceased alive on <u>July</u> , 19 <u>49</u> and that death occurred at <u>10:50 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>S. David Henry, M.D.</u> (Degree or title)		23b. ADDRESS <u>1115 Grand ave.</u>		23c. DATE SIGNED <u>7 July 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 9 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>7-9-49</u>	REGISTRAR'S SIGNATURE <u>Doraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer, Jr.</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>

(Licensed Embalmer's Statement of Reverse Side)

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

No. 300
10-48448
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert Ray

Licensed Embalmer No. 4182

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.