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FILED JUN 16 1941
749

Registration District No. 749

Primary Registration District No. 3085

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Richmond Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hrs.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89
(c) City or town Richmond 1
(If outside city or town limits, write "RURAL")
(d) Street No. Mo 1
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Smith Bartlett, Jr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 28, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 10 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Robert Smith Bartlett

13. Birthplace Miles Point, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Cooper

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

16. (a) Informant Robert S. Bartlett

(b) Address Richmond, Mo. (See Del.)

17. (a) Burial (b) Date thereof May 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunnyslope

18. (a) Signature of funeral director J. B. Brothers
(b) Address 302 East Main, Richmond, Mo.

19. (a) May 31-41 (b) Malcolm Jackson
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1941 hour 3:30 minute 2 M.

21. I hereby certify that I attended the deceased from May 28
1941 to May 29 19 41
that I last saw him alive on May 29 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Due to Pneumonia (6 mo.)
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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? _____

9/15 (Specify type of place) _____
While at work? _____ (b) Means of injury _____

23. Signature F. M. Lofith (M. D. or other) _____
Address Richmond, Mo Date signed 5-29-41

Duration

PHYSICIAN

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 6-12-41

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.....

Brothers Funeral Home

....., Registered Apprentice No.....

working under my personal supervision.

BROTHERS FUNERAL HOME

Signed..... *J. B. Brothers*.....

Licensed Embalmer No. 2001.....

P. O. Address 307 E. Main St.
Richmond, 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.