

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43374

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 902

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield
 (c) Name of hospital or institution: Springfield Baptist Hosp.
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days 6 3/4

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bartons
 (c) City or town Golden City
 (d) Street No. _____
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME JAMES WILLIAM PIRTLE
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Dec day 10th
 year 1939 hour 5 P.M. minutes _____ M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Ethel Pirtle
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased November 17, 1863

21. I hereby certify that I attended the deceased from _____
 to _____
 that I last saw her alive on _____
 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 0 Days 23
 If less than one day _____ hr. _____ min.

Immediate cause of death Ruptured Spleen
 Due to Ulcer
 Other conditions 1176
 (Include pregnancy within 3 months of death)

9. Birthplace Gridley, Illinois
 10. Usual occupation Farmer

MOTHER FATHER
 11. Industry or business _____
 12. Name Erna Smith Pirtle
 13. Birthplace Indiana
 14. Maiden name Mary Jane Carter
 15. Birthplace Illinois

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Chas H. George
 (b) Address Golden City, Mo.

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? _____

17. (a) _____ (b) Date thereof Nov 12-1939
 (c) Place: burial or cremation Golden City, Mo.
 18. (a) Signature of funeral director G. A. Phillips
 (b) Address Golden City, Mo.
 19. (a) 12/12/39 (b) Chas H. George
 (Date received local registrar) (Registrar's signature)

23. Signature G. A. Phillips (M. D. or other) _____
 Address Springfield, Mo. Date signed _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.