

Registration District No. **39**

Primary Registration District No. **4023**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Barton**
(b) City or town **Golden City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify, whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Barton**
(c) City or town **Golden City**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **14** year **1940** hour **10 PM** minute **10 P** M.

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
(b) Name of husband or wife **James William Pirtle** (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 9 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 11** 1940, to **Sept 14** 1940 that I last saw her alive on **Sept 10** 1940 and that death occurred on the date and hour stated above.

8. AGE: Years **72** Months **2** Days **5** If less than one day _____ hr. _____ min.

Immediate cause of death **Cerebral hemorrhage**

9. Birthplace **Bridley M^cClair Co. Illinois**
(City, town, or county) (State or foreign country)

Due to _____
Due to **g 2nd**
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation **housewife**
11. Industry or business _____
12. Name **James L. Lock**
13. Birthplace **Anderson Co. Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Ursula Sampel**
15. Birthplace **Green Castle Ind.**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant's own signature **Capitola Ireland**
(b) Address **Buckley Illinois**
17. (a) **Burial** (b) Date thereof **Sept. 17 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **2007 Am. Golden City Mo**
18. (a) Signature of funeral director **E. G. Phillips**
(b) Address **Golden City Mo**
19. (a) **Sept 16 1940** (b) **Mrs. Michael Jean Joy**
(Date received local registrar) (Registrar's signature)

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? **30**
(Specify type of place) _____
While at work? _____ (a) Means of injury _____
23. Signature **Chas R Boone** (M. D. number) _____
Address **Golden City Mo** Date signed **9/16/40**

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

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.

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1040-2674

Date Filed OCT 8 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 H. T. Fugh
Licensed Embalmer No. 3278
P. O. Address Golden 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, above space should be left blank.