

FILED JAN 10 1943

Registration District No.

Primary Registration District No. 3005

Registrar's No. 72

1. PLACE OF DEATH: Bates
 (a) County: Butler Mo.
 (b) City or town: Butler
(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: 38 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Bates
 (c) City or town: Butler
(If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country: 0

3. (a) PRINT FULL NAME: Ethelbert Gartin
 3. (b) If veteran, name war: X 3. (c) Social Security No.

4. Sex: male 5. Color or race: W 6. (a) Single, widowed, married, divorced: single
 6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: years
 7. Birth date of deceased: March 25th 1875
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>68</u> | <u>9</u> | <u>3</u> |hr.min. |

9. Birthplace: Bates Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: laborer

11. Industry or business: Gartin

MOTHER FATHER

12. Name: Gartin
 13. Birthplace: unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name: unknown
 15. Birthplace: unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: J. Gordiner
 (b) Address: Butler Missouri

17. (a) Burial (b) Date thereof: 12/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Oakhill

18. (a) Signature of funeral director: Booths
 (b) Address: Butler Missouri

19. (a) 12-29-43 (b) Rubie Crompton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th
 year 1943 hour 1:30 minute A M.
 21. I hereby certify that I attended the deceased from Dec 27
1943 to Dec 28 1943

that I last saw him alive on 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia 5 day
 Due to
 Due to

Other conditions: 108
(Include pregnancy within 3 months of death)

Major findings: 108
 Of operations:
 Of autopsy:

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

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?

While at work? (Specify type of place)
 23. Signature: C. M. Rice MD (M.D. or other)
 Address: Butler Mo Date signed: 12/28/43

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

12-43-1492
Filed 1-7-44

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..... *John G. Underwood*
Licensed Embalmer No. *3585*
P. O. Address..... *Butler 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.