V. S. No. 2
0M—1-4-41
Rev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1944

Registration District No. 212

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5780

State File No. 25192

Registrar's No. 38

1. PLACE OF DEATH:
(a) County MILLER
(b) City or town ETTERVILLE RURAL Dalin
(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 1 (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME JAMES RALPH GARTIN
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EMMA
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased DEC. (Month) 6 (Day) 1863 (Year)

8. AGE: Years 80 Months 7 Days 24 If less than one day hr. min.

9. Birthplace MILLER CO. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
MOTHER FATHER
12. Name JAMES MILBURN GARTIN
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)
14. Maiden name MARTHA STEVENS
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)
16. (a) Informant EMMA GARTIN
(b) Address ETTERVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-1-1944 (Month) (Day) (Year)
(c) Place: burial or cremation MT. PLEASANT CEMETERY
18. (a) Signature of funeral director Louis D. Williams
(b) Address Eldon, Mo.
19. (a) 8-1-44 (Date received local registrar) (b) W. S. Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1944 hour 2 minute 9 A.M.
21. I hereby certify that I attended the deceased from Jan 1 1942 to 7-31 1944 that I last saw him alive on 7-3 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	10 days
Due to Arthritis Chronic	2 yrs
Due to Rheumatism	15 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. C. Shelton (M. D. or other)
Address Eldon Date signed 8-1-44

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 44-70
Date Filed 7-5-44

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 Louis D Phillips, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis D Phillips

Licensed Embalmer No. 3663

P. O. Address Eudora

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.