

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12389

Registration District No. 11

Primary Registration District No. 4022

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Butterfield
(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 _____ (Specify whether _____)

In this community _____ years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME William F. Girtin

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 married

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

7. Birth date of deceased August 30 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	6	27	hr. min.

9. Birthplace Warren County, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

MOTHER FATHER

11. Industry or business _____

12. Name unknown

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary C. Girtin

(b) Address Butterfield, Missouri

17. (a) Burial (b) Date thereof 3-29-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arnhart Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) April 7-1947 Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Butterfield
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1947 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from 7-2 1940 to 3-27 1947
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Asplenia due to Phlebotomy

Duration 10 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 137A

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Baldwin (M. D. or other) 0
Barry Mo Date signed 4-3-47

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

RECEIVED

District Health Officer No. 6;

District File Number 447-451

Date Filed APR 22 1947

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.....

Ruby Elkins

Registered Apprentice No. 496

working under my personal supervision.

Signed *J. E. Colver*

Licensed Embalmer No. 3584

P. O. Address Cassville

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.