

FILED JUN 10 1947

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 211

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29d (Specify whether years, months or days)
In this community 29d

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES M. PIRTLE

3. (b) If veteran, name war. (c) Social Security No.

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Emma Pirtle
6. (c) Age of husband or wife if alive dk years

7. Birth date of deceased Dec 25 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 10 hr. min.

9. Birthplace Rolla Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Jeweler

11. Industry or business Jewelry store

12. Name Geo W. Pirtle

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

14. Maiden name Mary E. Monte

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

16. (a) Informant Emma Pirtle

(b) Address Rolla Mo

17. (a) Burial (b) Date thereof June 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo

18. (a) Signature of funeral director Glenn Y. Manheim
(b) Address 712 East Fulton, Mo.

19. (a) June 5/47 (b) Jose Masuchoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1947 hour 5 minute 20 M.

21. I hereby certify that I attended the deceased from 6/3/47 19... to 6/4/47 19...
that I last saw him alive on 6/3/47 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Chy myocarditis
Sen. arteriosclerosis

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: 9/3/47
Of operations
Of autopsy

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)
(c) Means of injury 0

23. Signature J. Caldwell (M. D. or other)
Address Fulton Mo Date signed 6/3/47

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

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 9 1947

VS
JUL 21 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Glen Y. Manspin*

Licensed Embalmer No. *2725*

P. O. Address..... *Fulton 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.