

No. 2
-8-43
5-17-39
X37823

FILED AUG 13 1947

Registration District No. 291

Primary Registration District No. 5988

Registrar's No. 61

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town RURAL ELM TOWNSHIP
(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 LIFE TIME
years, months or days)

3. (a) PRINT FULL NAME

WILLIAM PARTIN

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 SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: FEBRUARY 20 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days I
If less than one day hr. min.

9. Birthplace: PUTNAM COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business FARM

MOTHER FATHER

12. Name DAVID PARTIN
13. Birthplace PUTNAM COUNTY MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name NANCY J GIBSON
15. Birthplace MACON CITY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) BURIAL (b) Date thereof JULY 22 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROSE CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE, MO.

19. (a) 8-5-47 (b) Marshall Durbin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. LIVONIA
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21
year 1947 hour I minute 30 A. M.

21. I hereby certify that I attended the deceased from
MAY 18 1947 to JULY 13 1947
that I last saw him alive on JULY 12 1947
and that death occurred on the date and hour stated above.
Immediate cause of death: Cor. Cardio-Renal
V.D. Sen. Inf. Disease
Duration 3

Due to

Due to

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?

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

23. Signature N. W. Ellum (M.D. or other) D.O.
Address Unionville, Mo Date signed 8-5-47

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

RECEIVED
District Health Officer No. 10
District File Number 8-47-1052
Date Filed AUG. 12 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 James W. Conston
Licensed Embalmer No. 4197
P. O. Address Unionville, 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.