

1-147
17-39

FILED FEB 13 1948

State File No.

Registration District No. 241

Primary Registration District No. 4360

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Portageville
(b) City or town Portageville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Gladys Marine Partwood
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 15
year 1948 hour 6 minute 00 p. M.

4. Sex F 5. Color or race w
6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: July 7 1933
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-15 1948 to 1-15 1948
that I last saw her alive on 1-15 1948
and that death occurred on the date and hour stated above.
Duration

Immedial cause of death: Subarachnoid hemorrhage

8. AGE: Years Months Days If less than one day
4 6 9 hr. min.

Due to.....
Due to.....

9. Birthplace: Portageville mo
(City, town or county) (State or foreign country)

Other conditions.....
(Includes pregnancy within 3 months of death)

10. Usual occupation: Student

Major findings:
Of operations.....
Of autopsy.....

11. Industry or business.....

12. Name: Castle Partwood

13. Birthplace: Linton Co., Ky.
(City, town, or county) (State or foreign country)

14. Maiden name: Berney Part

15. Birthplace: Garden Co., Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant: Castle Partwood

(b) Address: Portageville, mo.

17. (a) Burial, cremation, or removal: Burial

(b) Date thereat: 1-17-48
(Month) (Day) (Year)

(c) Place: burial or cremation: Portageville cemetery

18. (a) Signature of informant: W. J. Partwood
(b) Address: Portageville, mo.

19. (a) 1-16-48 (b) Ellen D. Decker
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause of 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: Ray C. Mullen (M. D. or other) mo.
Address: Box 56 Portageville mo. Date signed: 1-16-48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 148-20

Date Filed 2-10-48

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 _____

Licensed Embalmer No. 4481

P. O. Address Fortsville 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.