No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

4549

State File No.

FILED MAR 1 1948

Registration District No. 1248

Primary Registration District No. 2000

Registrar's No. 164

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1312 N. Prospect 6
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elvyn O. Pertuche
3. (b) If veteran, name war None
3. (c) Social Security No. 491-03-9665
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mable Pertuche
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased September 18, 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	44	5	0	hr. min.

9. Birthplace Cleveland Okla. 1
(City, town, or county) (State or foreign country)
10. Usual occupation R.R. Yard Clerk.
11. Industry or business R. R. Clerk
FATHER
12. Name Andrew W. Pertuche 0
13. Birthplace Conway Mo.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy C. Evans
15. Birthplace Price Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mable Pertuche
(b) Address 1312 N. Prospect
17. (a) Burial (b) Date thereof 2/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director J W Klingner & Co
(b) Address Springfield Mo.
19. (a) 2/19/48 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18,
year 1948 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from 2-17, 1948, to 2-19, 1948
that I last saw him alive on 2-18, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	24 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94A	

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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature Robt Vineyard MD (M. D. or other)
Address Springfield Mo Date signed 2-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1948

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 Max Rhodes

Licensed Embalmer No. 4021

P. O. Address Spring Lake

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.