

300  
D-47  
7-39  
3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JAN 25 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42357  
Registrar's No. 308

Registration District No. 2

Primary Registration District No. 4009

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

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Savannah  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 107 E. Benton St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 47 years (Specify whether years, months or days)  
In this community 47 years (Specify whether years, months or days)

3. (b) PRINT FULL NAME CHARLES M. PYRTLE  
\*Charles M. Prytle-

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elia L. Prytle 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased December 20 1870  
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 7 If less than one day hr. min.

Birthplace Andrew County Missouri  
(City, town, or county) (State or foreign country)

Usual occupation Retired  
Industry or business Carpenter

12. Name John Prytle

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

14. Maiden name Ruth White

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

Informant Mrs. Elia L. Prytle  
Address Savannah, Missouri.

Burial (b) Date thereof 12/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Savannah, MO.

(c) Place: burial or cremation Heaton-Burman  
Signature of funeral director St. Joseph

(b) Address St. Joseph  
19. (a) 1-10-49 (b) Lillian Sparks  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Savannah, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 107 E. Benton  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27  
year 1948 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from 11-17 1948 to 12-27 1948  
that I last saw him alive on 12-27 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 7 yrs. Duration \_\_\_\_\_  
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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature James Chisley (M. D. or other) \_\_\_\_\_  
Address Savannah, MO. Date signed 12/29/48

MAR 13 1954

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Jc.

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.

USE  
JAN 14 1949

Death occurred in Andrew County

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Buchanan } ss.

State File No.....

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No.....

On this 13th day of January, 1949, before me appears.....

Mrs. Ella L. Pyrtle, who, upon her oath, states that the original record of <sup>birth</sup> death

for Charles M. Pyrtle <sup>died</sup> December 27, <sup>born</sup> 1948 in the State of Missouri, and which was filed at Savannah, Mo. on Dec. 28, 1948, should be corrected as follows:

Item No. 3 should read Charles M. Pyrtle

Instead of Charles M. Prytle

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Ella L. Pyrtle <sup>wife</sup> Relationship.

107 E. Benton Savannah, Mo.  
Present Address.

Subscribed and sworn to before me this 13th day of January, 1949.

My Commission expires Oct. 18, 1950 Alauiise Bowman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 40.2 7