

No. 2
-12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1-05102
State File No. 18544
Registrar's No. 168

FILED MAY 21 1947

Registration District No. 316 Primary Registration District No. 6075

1. PLACE OF DEATH:

(a) County: St. Francois

(b) City or town: Esther, Mo
(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 _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME John Jefferson Pirtle

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: Married

6. (b) Name of husband or wife: Mary Pirtle 6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: January-22-1958
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>3</u>	<u>19</u>	_____ hr. _____ min.

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

10. Usual occupation: Retired

11. Industry or business: _____

12. Name: Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant: Mary Pirtle

(b) Address: Esther, Mo

17. (a) Burial (b) Date thereof: May-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Pirtle Ceme - Cross Rds

18. (a) Signature of funeral director: Sparks Funeral Home

(b) Address: 300 Taylor, Flat River, Mo

19. (a) 5-15-47 (b) Esther Rudolph
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Francois

(c) City or town: Esther
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? N.O. (Yes or No)

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th.
year 1947 hour 10:50 minute _____ A.M.

21. I hereby certify that I attended the deceased from March 1, 1947, to May 11, 1947
that I last saw him alive on May 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration: 1 week

Due to: Atherosclerotic heart disease

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
Of autopsy: _____

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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: (1)

23. Signature: J. L. Foster (M. D. or other) _____
Address: Deerlog, Mo Date signed: 5-12-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 547-729
Date Filed 5-20-47

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 Murphy L. Sparks
Licensed Embalmer No. 4236
P. O. Address Flat River, 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.