

FILED MAY 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

13312

Registration District No.

10 10

Primary Registration District No.

5420

Registrar's No.

1. PLACE OF DEATH:

- (a) County Dunklin  
(b) City or town Helicon  
(c) Name of hospital or institution: Home  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Luther A. 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 ✓

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased September 21 1854  
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Unknown

13. Birthplace Ill (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 A. L. Pirtle Son

(b) Address

17. (a) Burial (b) Date thereof 12-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helicon

18. (a) Signature of funeral director Charles Funeral Home

(b) Address Campbell Mo.

19. (a) 4-5-45 (b) Mr. Ernest Daniel, Jr.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Dunklin  
(c) City or town Helicon (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 ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12  
year 1944 hour 11 minute P.A.M.

21. I hereby certify that I attended the deceased from Oct. 12 1944 to Oct 12 1944  
that I last saw h. live on Oct 12 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-Pneumonia Duration 12 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

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?

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

23. Signature N. J. Pirtledge (M. D. or other) 740  
Address Campbell Mo. Date signed 11/11/45

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

35  
0  
0

RECEIVED

District Health Office No. 2,

District File Number 545-647

Date Filed 5-7-45

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

*Christine M. Landers*

Licensed Embalmer No. 4227

P. O. Address

*Campbell, 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.