

JAN 20 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

44265
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 136
 (b) Township Craime 2 Primary Registration District No. 6944
 (c) City 1 (d) Street No. 16 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 216 Martha Tabitha Asbury
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8th 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

13. NAME Shelton White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

15. MAIDEN NAME Louisa Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Mrs Beatrice Wheeler
216 Craime Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Perche DATE Dec 23rd 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahan and Son
Probably Mo

20. FILED Dec 26 1938 St. Kimbrough
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1938, to Dec 23 1938

I last saw him alive on Dec 22 1938. Death is said to have occurred on the date stated above, at 140 P. m.

The principal cause of death and related causes of importance were as follows:

Probably carcinoma of sigmoid Date of onset

Other contributory causes of importance: 46

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) R. A. Woods, M. D.
 (Address) Clark mo

RECEIVED

District Health Officer No. 10

District File Number 10-38-1628

Date Filed 1/12/39

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

Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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, above space should be left blank.