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FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13877

State File No. _____

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Boone

(b) City or town COLUMBIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No 1
(If not in hospital or institution, write street number or location)

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

In this community 1 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Bentonville ⁹⁹⁹

(c) City or town Bentonville ²
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country LIFE 2

3. (a) PRINT FULL NAME VIRGINIA ANN WITHROW

3. (b) If veteran, name war No

3. (c) Social Security No. No

20. DATE OF DEATH: Month 12th day of APRIL
year 1941 hour 9:30 minute P M.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ARTHUR C WITHROW

6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased: Dec 24 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 6 1941 to April 12 1941
that I last saw her alive on March 6 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 3 Days 18 If less than one day hr. _____ min. _____

9. Birthplace LINN Co OMO
(City, town, or county) (State or foreign country)

Immediate cause of death Cancer of rectum ²⁰⁵
Duration 205 ^{sp.}

10. Usual occupation House wife

11. Industry or business _____

12. Name JOHN ALEXANDER

13. Birthplace OK / TENN
(City, town, or county) (State or foreign country)

14. Maiden name OLIVE ROOT

15. Birthplace OK / Va
(City, town, or county) (State or foreign country)

Due to _____

Due to 460

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

MOTHER FATHER {

16. (a) Informant Olive W. Beam

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof APRIL 14 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM

18. (a) Signature of funeral director P. O. Wier

(b) Address Columbia

19. (a) 4/14/41 (b) Allie Selby
(Date received local registrar) (Registrar's Signature)

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)

(e) Means of injury _____

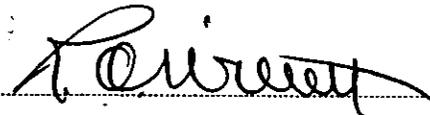
23. Signature E. D. Baskett (M. D. or other) OMO
Address Columbia, Mo. Date signed 4/14/41

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

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.....



Licensed Embalmer No. 3183

P. O. Address.....

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.