No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24972

State File No.

Registration District No. 266

Primary Registration District No. 4164

Registrar's No. 41

33
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1

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

1. PLACE OF DEATH:
(a) County Dent
(b) City or town Salem, 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 1 (Specify whether
In this community two weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED: 012 0 0
(a) State Mo. (b) County Butler
(c) City or town Poplar Bluff Mo
(If outside city or town limits, write "RURAL")
(d) Street No. #3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME George Whitt
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex O M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 26 (Day) 1903 (Year)

8. AGE: Years 37 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Wayne Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Taxi Driver.
11. Industry or business
MOTHER FATHER
12. Name C. C. Whitt
13. Birthplace Ill (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Eledge
15. Birthplace Ill (City, town, or county) (State or foreign country)
16. (a) Informant Ruben Whitt
(b) Address Cape Girardeau, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Center Ridge
18. (a) Signature of funeral director Lloyd Russell
(b) Address Piggott, Ark.
19. (a) 6-27-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1941 hour 2 minute 10 A M.
21. I hereby certify that I attended the deceased from June 25, 1941, to June 27, 1941; that I last saw him alive on June 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrage of Brain
Due to Carcinoma of Eye Right
Due to
Other conditions (Include pregnancy within 3 months of death) 1 50
Major findings:
Of operations —
Of autopsy — No

Duration

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 [illegible] (M. D. or other) Carm 3
Address Salem Mo Date signed 6-27-41

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240 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 5,
District File Number 241807
Date Filed

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 me Lloyd Russell, Registered ~~Apprentice No.~~ 509 Ark. working under my personal supervision.

Signed Lloyd Russell

Licensed Embalmer No. 509 Ark

P. O. Address Fayetteville Ark

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.