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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32369

Registration District No. 748

Primary Registration District No. 4449

Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Ellington
(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 _____
In this community life 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds 090

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME Henry Thompson Chitwood

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1941 hour 10 minute 30 AM.

4. Sex fem 5. Color or race white

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

6. (b) Name of husband or wife Fannie May Chitwood

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: August 16 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/8 1938 to 9/26 1941
that I last saw him alive on 9/26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Meloid Angioplasty Duration 9

8. AGE: Years 87 Months 1 Days 10
If less than one day
hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation Live stock dealer

11. Industry or business retired

Other conditions Chronic Hepatitis
(Include pregnancy within 3 months of death)

Major findings: Arterio Sclerosis

Of operations _____

Of autopsy 318

MOTHER FATHER {

12. Name Andrew Chitwood

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

14. Maiden name Elizabeth Cotton

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. H.T. Chitwood

(b) Address Ellington Mo.

17. (a) burial (b) Date thereof 9/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellington Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) Sept. 27 (b) Essie Evans
(Date received local registrar) (Registrar's Signature)

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? _____ (b) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 9/27/41

62 / (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,
District File Number 11412006
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.....

Was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.