S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1942

Registration District No. 608

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4362

11483

State File No.

Registrar's No. 16

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

073
0
0

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Fair View Tun
(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) 1

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town Exeter 060
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Henry C Lay Whittington

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex O male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased April (Month) 19 (Day) 1872 (Year)

8. AGE: Years 69 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Henry C Lay Whittington
13. Birthplace unknown (City, town, or county) O Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Jane Jordon
15. Birthplace unknown (City, town, or county) O Missouri (State or foreign country)

16. (a) Informant Mr J. H. Stroud
(b) Address Fair View, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt-Olive-Newton Co

18. (a) Signature of funeral director W. H. Koon
(b) Address Cassville, Mo

19. (a) March 18.42 (Date received local registrar) (b) Dana Gerster (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1942 hour 5 minute 55 P M.

21. I hereby certify that I attended the deceased from Feb-1-1942, 19 to Feb-14-1942, 19 42
that I last saw him alive on Feb-14-1942, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach — Duration (?)

Due to Colitis due to Carcinoma of Stomach which extended Duct to Intestines — 6 Mo

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 b

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 [signature] (M. D. or other) D
Address Stella Mo Date signed 3/14/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-422
Date Filed APR 7 1942

Body was not embalmed

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 John E. Myers

Licensed Embalmer No. 3220

P. O. Address Carrollton, 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.