

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14001

State File No. ....

Registration District No. 103

Primary Registration District No. 4045

Registrar's No. 21

1. PLACE OF DEATH:  
(a) County CEAR  
(b) City or town EL DORADO SPRINGS  
(c) Name of hospital or institution:  
408 W Pine St 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. ....  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME SALLIE B Withers  
(b) If veteran, name war. .... (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single  
(b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive. .... years  
7. Birth date of deceased March 20 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 28 Days hr. min.

9. Birthplace Lafayette Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher. (Retired 15 yr.)

11. Industry or business  
12. Name John M Withers  
13. Birthplace Ky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary S. Orndorff  
15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Jessie J Withers  
(b) Address El Dorado Springs Mo

17. (a) Burial (b) Date thereof 4-21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director Burns Siders  
(b) Address El Dorado Springs Mo

19. (a) 4-18-42 (b) L. J. Dunaway  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County CEAR  
(c) City or town EL DORADO SPRINGS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 408 W Pine St  
(If rural, give location)  
(e) Citizen of foreign country? .... (Yes or No)  
If yes, name country. ....

20. DATE OF DEATH: Month April day 18  
year 1942 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from April 17 to April 18, 1942  
that I last saw him alive on SA M 14-19 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Myocarditis

Due to. ....  
Due to. ....

Other conditions 93  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. ....  
Of autopsy. ....  
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 L. J. Dunaway (M. D. or other) M.D.  
Address El Dorado Springs Date signed 4/18/42

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

RECEIVED

District Health Officer No. 72 JILLAC

District File Number 5-42-473

Date Filed 5-8-42

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.....

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.