

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 14 1942  
Registration District No. 282

Primary Registration District No. 5401

Registrar's No. 18

35000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town near Campbell, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Amour, Tenn.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon  
(c) City or town Winona, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles V Entenman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-26-4776

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 27 1920  
(Month) (Day) (Year)

8. AGE: Years 21 Months 9 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace West Eminence, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business \_\_\_\_\_

12. Name Herbert Entenman

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

14. Maiden name Bella Blakemore

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

16. (a) Informant Herbert Entenman (father)

(b) Address Winona, Missouri

17. (a) Burial (removal) (b) Date thereof 6-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winona Cemetery

18. (a) Signature of funeral director Friends

(b) Address Winona, Mo.

19. (a) 6-14-1942 (b) Mrs. L.P. Oliver  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13  
year 1942 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death  
Run over by a Truck, driven by Bond Tidgworth while he was asleep on Highway.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Verdict of Coronary Jury

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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): Accident

(b) Date of occurrence June 13 1942 035

(c) Where did injury occur Campbell Dunklin Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Highway

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

33. Signature George G. Whitworth (M.D. or other)

Address Coroner of Dunklin Co. Date signed 6-13-42

RECEIVED

District Health Office No. 2,

District File Number 742-883

Date Filed JUL 13 1942

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**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.**