S. No. 2
M—9-4-41
v. 5-17-39
I X29484

93
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0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31219

Registration District No. 763 Primary Registration District No. 6005 Registrar's No. 14

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Osceola (Rural) Bulletin
(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 (Specify whether
In this community years, months or days) 7 months

2. USUAL RESIDENCE OF DECEASED: 93

(a) State Missouri (b) County St. Clair 0
(c) City or town Osceola (rural) 0
(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 0

3. (a) PRINT FULL NAME Wilford N. Whitcomb
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June (Month) 4 (Day) 1873 (Year)

8. AGE: 69 Years | Months 2 | Days 27 | If less than one day hr. min.

9. Birthplace Taylor County Iowa (City, town, or county) (State or foreign country) /
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Palmer Whitcomb
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Mary----Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Ida M. Whitcomb
(b) Address Osceola Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Osceola Mo
18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola Mo
19. (a) Sept. 25-42 (Date received local registrar) (b) D. E. Lutz By (Registrar's signature) 27

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1 year 1942 hour 5 minute 30 P 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 Suicide
Coroners inquest held
Verdict
Due to We the Jury find that Wilford N. Whitcomb died as a result of gun shot (22 cal.)
Due to wound self inflicted
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

164c

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 9-1-42
(c) Where did injury occur? At Home near Osceola (City or town) (County) (Mo)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In yard
(Specify type of place)
While at work? no (e) Means of injury shot
23. Signature Jarrett B. Goodrich (M. D. or other)
Address Osceola Mo 2 Date signed 9-3-42

(Licensed Embalmer's Statement on Reverse Side)

Minnie Crosler Deputy Registrar Coroner St Clair County Mo

RECEIVED
District Health Officer No. 7
District File Number 10-42-1057
Date Filed 10-6-42

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 Chas. S. Hathaway
Licensed Embalmer No. 4267
P. O. Address Osceola, 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.