

FILED JAN - 8 1943

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 396

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hosp. no. 12  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 5 yrs 5 da  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Callaway

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME SAM J. DWIGHTS

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25th  
year 1942 hour 10 minute 25 A.M.

4. Sex m 2

5. Color or race negro

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: 1905  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-20-42  
to 12-25, 1942, to 12-25, 1942  
that I last saw him alive on 12-25, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 37 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Paratic Surgery

9. Birthplace MO \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Due to Syphilis

Due to 305

10. Usual occupation laborer

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

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

MOTHER FATHER

12. Name Henry Owens

13. Birthplace OK \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name OK

15. Birthplace OK \_\_\_\_\_  
(City, town, or county) (State or foreign country)

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Maggie Bailey

(b) Address S. Kinloch Park MO

17. (a) Burial (b) Date thereof 12 29 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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? \_\_\_\_\_

18. (a) Signature of funeral director David Bras

(b) Address Lix & Stang, Kinloch MO

19. (a) 12-26-42 (b) John Morrison  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature K. E. Sherrill (M. D. or other)  
Address Fulton MO Date signed 12-25-42

1147

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

**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.....

*Louis V. Altman*

Licensed Embalmer No. ....

*2842*

P. O. Address.....

*3644 Firm*

**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.**