

J. W. Whitaker

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41375

FILED DEC 18 1942

Registration District No. 278

Primary Registration District No. 2788

Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County: Mississippi

(b) City or town: Rural
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri

(b) County: Mississippi

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

(d) Street No.: 2 miles East of E. Prairie
(If rural, give location)

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

3. (a) PRINT FULL NAME: FRANK METHENEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th year 1942 hour 2 minute P M.

4. Sex: M

5. Color or race: White

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

6. (b) Name of husband or wife: Silvia Belle Metheny

6. (c) Age of husband or wife if alive: 29 years

7. Birth date of deceased: April 11 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from about 11-1-1942 to Nov 15th 1942
that I last saw him alive on about Nov 1-1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis
Duration

8. AGE:

Years	Months	Days	If less than one day
<u>37</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace: East Prairie, Mo.
(City, town or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death): 138'

10. Usual occupation: laborer

11. Industry or business: _____

12. Name: Frank Metheny

13. Birthplace: Unknown, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name: Ruffel Douglas

15. Birthplace: Unknown, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant: Novella Douglas

(b) Address: East Prairie, Mo.

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: 11-16-42
(Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove

18. (a) Signature of funeral director: Frank Shelby

(b) Address: East Prairie, Mo.

19. (a) 12-8-42 (Date received local registrar)

(b) Thomas E. Brigman (Registrar's signature)

Major findings: _____

Of operations: _____

Of autopsy: _____

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: George W. Whitaker (M. D. or other) _____

Address: East Prairie, Mo. Date signed: 12/3/42

MOTHER FATHER

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

10 11

RECEIVED

District Health Office No. 2,

District File Number 1242-1691

Date Filed 12-16-42

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.