S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3053

FILED FEB 9 1943

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 301 East Third Street 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 41 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville 1 2 (If outside city or town limits, write "RURAL")

(d) Street No. 301 East Third Street. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country # 0

3. (a) PRINT FULL NAME George Thomas Whitson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Pricie D. Whitson

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

7. Birth date of deceased April (Month) 6, (Day) 1880 (Year)

8. AGE: Years 62 | Months 9 | Days 13 | If less than one day # hr. # min.

9. Birthplace Osceola, (City, town, or county) Arkansas 1 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Contractor

FATHER
12. Name Thomas Whitson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Webb,
15. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)

16. (a) Informant Alice Whitson

(b) Address Caruthersville Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director La Forge Und Co.

(b) Address Caruthersville, Mo.

19. (a) 1-20-1943 (Date received local registrar) (b) Jessie W. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19th year 1943 hour 5 minute a M.

21. I hereby certify that I attended the deceased from Sept 1943 to Jan 19 1943 that I last saw him alive on Jan 18th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 97

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J B Lucas (M. D. or other)

Address Caruthersville Mo Date signed Jan 43

1206

(Licensed Embalmer's Statement on Reverse Side)

1-25-43

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 J. G. Schirman

Licensed Embalmer No. 4086

P. O. Address Courtenville

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.