No. 2
-5-42
17-39

7848

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

MAR 12 1943

Registration District No. 337

Primary Registration District No. 6139

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County: Shelby Co.

(b) City or town: Shelbyville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 County Home Rural
(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) In this community: All his life

2. USUAL RESIDENCE OF DECEASED: 102

(a) State: Missouri (b) County: Shelby

(c) City or town: Clarence Mo. 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: Harvin Whitby

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Carrie E. Whitby

6. (c) Age of husband or wife if alive: 83 years

7. Birth date of deceased: January 27th, 1849 (Month) (Day) (Year)

8. AGE: Years 93 Months 11 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace: Canton (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Justice of Peace

11. Industry or business: Rtr. Farmer

MOTHER
12. Name: Not known

FATHER
13. Birthplace: Not known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Not known

FATHER
15. Birthplace: Not known (City, town, or county) 9 (State or foreign country)

16. (a) Informant: E. L. Sparks

(b) Address: Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-19-1943 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Mellor & Barkelew

(b) Address: Clarence, Mo.

19. (a) Feb. 4. 43 (Date received local registrar) (b) Madge Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17th year 1943 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 16 1943, 19..., to Jan 17 1943, 19..., that I last saw him alive on Jan 16 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Probably Myocarditis

Due to: Cerebral Thrombosis

Due to: Dehydration

Duration: Unknown / 1 week

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

Major findings: Of operations: None Operation

Of autopsy: No

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

22. If death was due to external causes, fill in the following: 102

(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: H. M. LeGrand (M. D.)

Address: Shelbyville Mo. Date signed: 1-17-43

(Licensed Embalmer's Statement on Reverse Side)

1096

43

RECEIVED
District Health Officer No. 10
District File Number 3-13-498
Date Filed MAR 10 1943

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 C W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina - 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.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7848

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: County Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Marvin Whitby

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Jan (Month) 27 (Day) 1843 (Year)

8. AGE: Years 95 Months 11 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1943 hour _____ minute _____ 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.

	Duration
Immediate cause of death Probably Myocarditis	unk
Due to also possible fracture of hip of about 1 weeks	
Due to duration	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Accidental

(b) Date of occurrence About Jan 1943

(c) Where did injury occur? Shelbyville (City or town) Shelby (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at county infirmary (Specify type of place)

While at work? _____ (e) Means of injury Fall

23. Signature [illegible] (M. D. or other) 43

Address Shelbyville Mo Date signed Jan 31

SUPPLEMENTARY