

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31920

State File No. ....

Registrar's No. 49

FILED OCT 7 1943 3  
Registration District No. 763

Primary Registration District No. 2031

## 1. PLACE OF DEATH:

(a) County Jefferson  
 (b) City or town DeSoto  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
509 North Third  
(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 4 Years  
years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson <sup>050</sup>  
 (c) City or town 509 North Third  
(If outside city or town limits, write "RURAL")  
 (d) Street No. DeSoto  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME JAMES EDWARD WHITTER

3. (b) If veteran, name war None  
 3. (c) Social Security No. 498-18-8492

4. Sex Male 0 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Massey  
 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Sept. 1 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 0 0 hr. min.

9. Birthplace Bonne Terre Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Laboreer

11. Industry or business City (DeSoto):

12. Name William Whitter

13. Birthplace Shannon Co. Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Vine Mason

15. Birthplace Bonne Terre Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Whitter

(b) Address St. Francis mo

17. (a) Burial (b) Date thereof Sept. 6, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MITCHELL, MO.

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 9-9-43 (b) J. W. Spencer  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1  
 year 1943 hour 4 minute 28 AM.

21. I hereby certify that I attended the deceased from Sept. 1, 1943 to Sept. 1, 1943  
 that I last saw him alive on Sept. 1, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death asthma (bronchial) 1 yr

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 112

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) Means of injury 2

23. Signature J. P. J. [unclear] (M. D. or other) MD

Address DeSoto, Mo. Date signed 9-3-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

387

(Licensed Embalmer's Statement on Reverse Side)

**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. P. Mochus*  
Licensed Embalmer No. 3531  
P. O. Address De Soto M

**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.**