

No. 2
5-42
17-39
K32879

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28133

FILED DEC 4 1943

Registration District No. 101

Primary Registration District No. 5413

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Douglas

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

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

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 31

(c) City or town Spartan Rural (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..... 0

3. (a) PRINT FULL NAME George Samuel Witchesock

3. (b) If veteran, name war..... 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Janie 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 2 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73	7	14	hr. min.
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9. Birthplace Warwood, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name William Witchesock

13. Birthplace Warwood (City, town, or county) (State or foreign country)

14. Maiden name Co. tr.

15. Birthplace Warwood (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Lamb
(b) Address Firdner, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-43
(Month) (Day) (Year)

(c) Place: burial or cremation Murray

18. (a) Signature of funeral director Chas. J. Spurlock
(b) Address Ave., Missouri

19. (a) 11-1-43 (Date received local registrar) (b) Chas. J. Spurlock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13 year 1943 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from Oct 10 1943, to Oct 15 1943; that I last saw him alive on Oct 15 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial stenosis

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 928

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)
(e) While at work?..... (f) Means of injury.....

23. Signature J. L. Kintner (M. D. or other).....
Address Jara mo Date signed 10-20-43

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

M. J. J. [unclear]

RECEIVED

District Health Officer No. 6,

District File Number 1143-1227

Date Filed NOV 30 1943

Family requested that body not be embalmed.

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 W. B. Luskison

Licensed Embalmer No. 3431

P. O. Address Over MD

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.