

V. S. No. 2
00M-2-43
5-17-39
X38897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38989

State File No. _____

NOV 18 1943

Registration District No. 300

Primary Registration District No. 6029

Registrar's No. _____

1. PLACE OF DEATH: Reynolds
 (a) County Reynolds
 (b) City or town Van Buren
 (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)
 In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Reynolds
 (c) City or town Rural
 (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 _____

3. (a) PRINT FULL NAME PAUL BAY CHITWOOD
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 5
 year 1943 hour 7 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Oct. 30th
 1943 to Nov. 5th, 1943
 that I last saw him alive on Nov. 4th, 1943
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Zelma 6. (c) Age of husband or wife if alive 30 years
 7. Birth date of deceased: JAN 19 1908
 (Month) (Day) (Year)

Immediate cause of death: Cyelo-hephtitis, chronic
Cyotitis
Paraplegia, Traumat-
 Due to TC 3 1/2 yrs.
 Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
35 9 16 hr. _____ min.

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

10. Usual occupation Shoemaker

11. Industry or business _____
 12. Name Minrad Chitwood
 13. Birthplace Reynolds Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Fizzee Coleman
 15. Birthplace Washington Co. Mo.
 (City, town, or county) (State or foreign country)

Major findings: 133a
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Zelma Chitwood
 (b) Address Chester Mo.
 17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 11-7-43
 (Month) (Day) (Year)
 (c) Place: burial or cremation Paque Cemetery
 18. (a) Signature of funeral director Ed A. Leuchel
 (b) Address Van Buren Mo.
 19. (a) 11-8-43 (Date received local registrar) (b) Essie Evans (Registrar's signature)

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 J. W. Cotton (M. D. or other)
 Address Van Buren Date signed 11-6-43

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

90
0
0

1136

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 1143868

Date Filed 11-15-43

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 11-5-43

....., Registered Apprentice No.
working under my personal supervision.

Signed Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.