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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 11 1944

Registration District No. 183

Primary Registration District No. 4297

Registrar's No. 24

1. PLACE OF DEATH:

(a) County LIINN

(b) City or town PURDIN
(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) 1

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LIINN 58

(c) City or town PURDIN 0
(If outside city or town limits, write "RURAL") 0

(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 GEORGE A. CHITUM

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 8
year 1944 hour 5 minute 15 P. M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

(b) Name of husband or wife JULIA (c) Age of husband or wife if alive 73 years

7. Birth date of deceased MAY 16 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15 1944 to July 8 1944
that I last saw him alive on July 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 93d years

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

83 1 22 hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation RETIRED

Other conditions Senility
(Include pregnancy within 3 months of death) arteriosclerosis

11. Industry or business _____

12. Name UNKNOWN

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

14. Maiden name " "

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

16. (a) Informant ✓ Mrs. D. A. Chittum

(b) Address PURDIN, MISSOURI

17. (a) BURIAL (b) Date thereof 7-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PURDIN CEMETERY
Thorne Wood Co

18. (a) Signature of funeral director Funerals, Mrs. (W. H. Taylor)

(b) Address _____

19. (a) July 10 1944 (b) Mrs C C Woolf
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury 0

23. Signature J. R. McArthur (M.D. or other) _____
Address Birmingham Date signed 7/9-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

8000

1334

(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.....

Walter A. Taylor

Licensed Embalmer No.....

3761

P. O. Address.....

Linneus, TN

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. AugAugRegistration District No. 183Primary Registration District No. 4297Registrar's No. 24

1. PLACE OF DEATH:

- (a) County Lin
 (b) City or town Pruden
 (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 _____
years, months or days3. (a) PRINT
FULL NAME George A. Chittum

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
- May 16 1881
-
- (Month) (Day) (Year)

8. AGE: Years
- 83
- Months
- 1
- Days _____ If less than one day
-
- hr. _____ min. _____

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

10. Usual occupation
- Retired

11. Industry or business

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) _____ (b) Date thereof _____
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
 (c) City or town _____
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____
-
- year
- 1944
- hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
-
- to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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 sta-
tistically.

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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

25099