S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34375

State File No.

FILED NOV 10 1944

Registration District No. 173

Primary Registration District No. 4232

Registrar's No. 18

1. PLACE OF DEATH:

(a) County HOWELL

(b) City or town WILLOW SPRINGS
(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 1 (Specify whether
In this community 63 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell 46

(c) City or town Willow Springs 2
(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 JOHN STEVENS WHITTEN

3. (b) If veteran, name war NONE

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NANCY RILEY WHITTEN

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased JAN. (Month) 24 (Day) 1863 (Year)

8. AGE: Years 81 | Months 9 | Days 7 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Justice of the Peace

11. Industry or business

FATHER
12. Name George W. Whitten
13. Birthplace Don't know (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Matilda Travis
15. Birthplace Don't know (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs. Nancy Whitten

(b) Address Willow Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs City Cemetery

18. (a) Signature of funeral director J. C. Burns

(b) Address Willow Springs, Mo.

19. (a) 11-2-44 (Date received local registrar) (b) Nanette Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1
year 1944 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from November 1, 1944, to November 1, 1944
that I last saw him alive on November 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions 94a
(Include pregnancy within 3 months of death)

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)

While at work? (e) Means of injury

23. Signature O. E. Bailey D.O. (M.D. or other)

Address Willow Springs Mo. Date signed 11/2/44

345

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 114554
Date Filed 11-8-44

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 T R Burns, Sr

Licensed Embalmer No. 1847

P. O. Address Willow Springs, 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.