

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9371

State File No. \_\_\_\_\_

FILED APR 7 1945  
Registration District No. 28

Primary Registration District No. 52 12

Registrar's No. 4

1. PLACE OF DEATH: Carter  
(a) County: Rural Carter Twp.  
(b) City or town: (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: 1 yr (years, months or days)

3. (a) PRINT FULL NAME: Sterling Price Chitwood  
(b) If veteran, name war: \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex: M race: W 5. Color or race: W 6. (a) Single, widowed, married: divorced widow  
(b) Name of husband or wife: \_\_\_\_\_ (c) Age of husband or wife if alive: 22 years  
7. Birth date of deceased: May 22 1862 (Month) (Day) (Year)

8. AGE: Years: 82 Months: 9 Days: 23 If less than one day: hr. min.

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

10. Usual occupation: retired farmer

11. Industry or business: \_\_\_\_\_

12. Name: Wm Chitwood  
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)  
14. Maiden name: Sarah Burnham  
15. Birthplace: Meynards Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Sam Healey  
(b) Address: Elington Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-16-45 (Month) (Day) (Year)  
(c) Place: burial or cremation: Chitwood Cemetery

18. (a) Signature of funeral director: Phil A. Fletcher  
(b) Address: 2000 Union St.  
19. (a) 3/15-1945 (b) Mrs. A. J. Smith (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Mo. (b) County: Reynolds  
(c) City or town: Elington 91 (If outside city or town limits, write "RURAL")  
(d) Street No.: B (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month: Mar day: 15 year: 1945 hour: 2 minute: 45 AM.  
21. I hereby certify that I attended the deceased from Feb 10 1945 to March 15 1945 that I last saw him alive on Mar 14 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Senility and infirmities of age.  
Duration: \_\_\_\_\_

Due to: \_\_\_\_\_  
Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
167  
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?

While at work? (Specify type of place) (e) Means of injury: \_\_\_\_\_  
23. Signature: Frank J. Rasmussen (M. D. or other) D.O.  
Address: 2000 Union St. Date signed: 3-16-45

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

1078

(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 3-15-41

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

Signed Philip A. Leichel  
Licensed Embalmer No. 2936  
P. O. Address Van Buren Ave

**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.**