

S. No. 2
M-8-43
v. 5-17-39
I X37823

34525

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 208

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington
(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 Life (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison

(c) City or town Fredericktown Mo.
(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 Wm. Pinkney Whitworth

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1945 hour 12:30 minute 1 M.

21. I hereby certify that I attended the deceased from 10-1, 1945
~~10-10-1945~~ 1945 to 10-13 1945
that I last saw him alive on 10-13 1945
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 Widowed

6. (b) Name of husband or wife Martha Ann 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased March 25 1859
(Month) (Day) (Year)

Immediate cause of death Acute myo-carditis Duration 3 yrs.

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>6</u>	<u>20</u>	hr. _____ min. _____

Due to Chronic myo-carditis + Bronchiectasis

Due to _____

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

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

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Farming

11. Industry or business Self

12. Name John Alexander Whitworth

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

14. Maiden name White

15. Birthplace Madison Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant W. Whitworth

(b) Address Fredericktown Mo.

17. (a) Burial (b) Date thereof Oct. 17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley - St. Francois

18. (a) Signature of funeral director Wesley & Belt

(b) Address Fredericktown Mo.

19. (a) 11-2-45 (b) Ether R. Hoff
(Date received local registrar) (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? _____

23. Signature D. G. L. Watkins (M. D. or other) _____
Address Farmington, Mo. Date signed 11/2/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4
4
1

Watkins

1397 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4
District File Number 1145-1302
Date Filed 11-8-45

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

John H. Held

Licensed Embalmer No. 4264

P. O. Address

Fredericktown, 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.