

S. No. 2
4-8-43
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1945

State File No.

Registration District No. 387

Primary Registration District No. 4515-

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Milan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Simpson Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Five days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 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.

3. (a) PRINT FULL NAME Julia Chittum
3. (b) If veteran, name war. XXXX
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive. XXXX years
7. Birth date of deceased. June 22 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1945 hour 7:50 minute A.M.
21. I hereby certify that I attended the deceased from NOV. 17
1945, to NOV. 24, 1945
(that I last saw her alive on NOV. 24, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	4 days

8. AGE: Years Months Days If less than one day
75 5 2 hr. min.

Due to Dangerous appendicitis 1 wk.

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

Due to

10. Usual occupation At home

Other conditions (include pregnancy within 3 months of death)

11. Industry or business XXXXXXXX

Major findings: Of operations

12. Name William Thurlo

Of autopsy

13. Birthplace XXXXXX Ohio
(City, town, or county) (State or foreign country)

12/11

14. Maiden name Unknown

Underline the cause to which death should be charged statistically.

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

16. (a) Informant S.R. Cady

22. If death was due to external causes, fill in the following:

(b) Address Purdin, Missouri

(a) Accident, suicide, or homicide (specify)

17. (a) Burial (b) Date thereof 11/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence

(c) Place: burial or cremation Purdin Cemetery

(c) Where did injury occur? (City or town) (County) (State)

18. (a) Signature of funeral director Thorne Undt. Co.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(b) Address Linneus, Mo.

(Specify type of place) (e) Means of injury

19. (a) Nov 27 - 1945 (b) Mrs. H.B. Harris
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury

23. Signature Subsignature (M. D. or other) 20

Address Milae Date signed 11-27-45

1497

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 107-45-1846

Date Filed DEC. 20. 1945

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 Darr G. Taylor

Licensed Embalmer No. 3761

P. O. Address Lincoln, 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.