. S. No. 2
3M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 24 1947

Registration District No. 75

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5586

State File No. 21426

Registrar's No. 138

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: "RURAL" Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route #4 Carthage /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 7 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Route #4 0.
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Cyrus Lee WITHEROW
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: M
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Cora Flaugher Witherow
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: March (Month) 10 (Day) 1869 (Year)

8. AGE: Years 78 | Months 3 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace: Chenoa, (City, town, or county) Ill. / (State or foreign country)
10. Usual occupation: Ret. Farmer
11. Industry or business:
FATHER
12. Name: William H. Witherow
13. Birthplace: Unknown (City, town, or county) Ill. / (State or foreign country)
MOTHER
14. Maiden name: Sarah E. Groves
15. Birthplace: Unknown (City, town, or county) Ill. / (State or foreign country)
16. (a) Informant: Mrs. Cora F. Witherow
(b) Address: Route #4 Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6 (Month) 20 (Day) 47 (Year)
(c) Place: burial or cremation: Carterville Cemetery
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.
19. (a) 6-20-47 (Date received local registrar) (b) L. B. Clifton M.D. (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th. year 1947 hour 2:50 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 9-47, 19..., to June 18, 1947, that I last saw him alive on May 22, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	2yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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 0
23. Signature: H. E. Bond M.D. (M. D. or other)
Address: Carthage Mo. Date signed 6-20-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

42-6-499

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 James C. Cleaver Registered Apprentice No. 515 working under my personal supervision.

Signed Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.