

17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 17 1947

Registration District No. 05

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41326

Primary Registration District No. 5494177

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Clarkston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
(c) City or town Clarkston 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Rose Velva Whitson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry Whitson 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased August 18 1897
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Halscomb Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Clay Dummer

13. Birthplace unknown Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Betty Redding

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

16. (a) Informant Henry Whitson

(b) Address Clarkston, Mo.

17. (a) Burial (b) Date thereof 10-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield

18. (a) Signature of funeral director Landes Funeral Home

(b) Address Campbell, Missouri

19. (a) 11-26-47 (b) Fredrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd
year 1947 hour _____ minute 2:25 P. M.
21. I hereby certify that I attended the deceased from Nov, 1945
19 _____ to Oct 23rd 1947:
that I last saw her alive on 10-22-1947 19 _____:
and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death manitia

Due to Generalized Coronaritis upon _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Dr. D. P. Gidens, M.D. (M. D. or other) _____

Address Gidens, Mo Date signed 10-27-47

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN

Underline the cause of death which should be stated fully.

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1247-961576

Date Filed 12-11-42

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

Christina M. Landers

Licensed Embalmer No.

4227

P. O. Address

Campbell, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan
Registrar's No. 8

Registration District No. 105 Primary Registration District No. 477

1. PLACE OF DEATH:
(a) County Runkles
(b) City or town Clarksburg
(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 _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

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

3. (a) PRINT FULL NAME Rose V. Whitson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 Day 3 Year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased Aug 18 (Month) (Day) (Year)

Immediate cause of death Generalized carcinoma
Due to Carcinoma of colon

8. AGE: Years 50 Months _____ Days _____ If less than one day hr. _____ min. _____
9. Birthplace _____ (City, town, or county) (State or foreign country) Mo

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 46E

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant _____ (b) Address _____
17. (a) (Burial, cremation, or removal) _____ (b) Date thereof (Month) (Day) (Year) _____
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) (Date received local registrar) _____ (b) (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? _____
While at work? _____ (Specify type of place) _____ Means of injury _____
23. Signature J. S. Hopkins (M. D. _____)
Address Clarksburg, Mo Date signed 12-31-47

SUPPLEMENTARY

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

41326

1/15/52