

Registration District No. **210**

Primary Registration District No. **5774**

1. PLACE OF DEATH:

(a) County **Mercer**

(b) City or town **Rural - Ravanna Twp.**
(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 **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Mercer** **65**

(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **East of Princeton** **0**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Tipton H. Widner**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **535-22-5056**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **29th** year **1948** hour **7** minute **25 a.** M.

21. I hereby certify that I attended the deceased from **March 18th** 19 **48** to **Aug. 29** 19 **48**.

that I last saw him alive on **Aug 28** 19 **48** and that death occurred on the date and hour stated above.

4. Sex **Male** **0** **5. Color or race** **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elsie Widner** **6. (c) Age of husband or wife if alive** **50** years

7. Birth date of deceased **July 14** 1885
(Month) (Day) (Year)

Immediate cause of death **Sudden Death - coronary occlusion, after heavy breakfast, and a bout with a cow.**

Due to **Had coronary insufficiency for a year previously, with exertion and pain.**

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

Major findings:
Of operations _____

Of autopsy **None made**

8. AGE: Years **63** Months **1** Days **15** If less than one day hr. _____ min. _____

9. Birthplace **Mercer Co.** **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **General Widner**

13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Ida King**

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

16. (a) Informant **Mrs. Elsie Widner**

(b) Address **Princeton, Mo.**

17. (a) Burial (b) Date thereof **9-1-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **King Ceme.**

18. (a) Signature of funeral director **Martin Funeral Home**

(b) Address **Princeton, Mo.**

19. (a) 9-3-48 (b) **M. J. Rich**
(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? _____

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

23. Signature **W. Bristow** (M. D. or other) **MD**
Address **Princeton, Mo.** Date signed **8/30/48**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

SEP 14 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.