

No. 2
-1/47
5-17-39

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33602**

National Office of Vital Statistics

FILED OCT 19 1948

Registrar's No. **32**

Registration District No. **21**

Primary Registration District No. **SP-29**

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **Rural Portage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **New Madrid**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Portageville, Mo 3**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **John William Widner**
3. (b) If veteran, name war.....
3. (c) Social Security No. **1**

20. DATE OF DEATH: Month **Oct 10** day **10** year **1948** hour **4** minute **4** A.M.

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Kitty Widner** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **Nov 12 1886**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11-24-47** to **10-10-48**
that I last saw him alive on **10-10** and that death occurred on the date and hour stated above.

Immediate cause of death **Adeno-Carcinoma of Stomach**
Duration

8. AGE: Years Months Days If less than one day
61 10 28 hr. min.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace **Dwell Ark 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business.....

MOTHER FATHER
12. Name **Johnson Widner**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Susan Schultz**
15. Birthplace **Blytheville Ark 1**
(City, town, or county) (State or foreign country)

Major findings: **Liver and peritoneal metastases of adenocarcinoma**
Of autopsy **none performed**
PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant **J. W. Widner**
(b) Address **Portageville, Mo**

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.....

17. (a) **Burial** (b) Date thereof **10-11-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Blytheville, Ark**

18. (a) Signature of funeral director **D. L. Lusk Funeral Home**
(b) Address **Portageville, Mo**

19. (a) **10-11-48** (b) **Ellen DeLisle**
(Date received local registrar) (Registrar's signature) **219**

23. Signature **Paul C. Mueller** (M. D. or other) **MD**
Address **Box 56 Portageville, Mo** Date signed **10-11-48**

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

RECEIVED
District Health Office No. 2
District File Number 10-48-1336
Date Filed 10-18-48

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 _____

working under my personal supervision.

Signed _____
Registered Apprentice No. _____

Licensed Embalmer No. 4481

P. O. Address Parkville 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.