

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16188

FILED JUN 14 1945
6

State File No.

Registration District No.

Primary Registration District No.

4016

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Tarkio
(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 43 yrs. (Specify whether years, months or days)
In this community 43 yrs.

3. (a) PRINT FULL NAME NINA FLORELLA WITHROW

3. (b) If veteran, name war: No. 3. (c) Social Security No. none
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife Chas Withrow 6. (c) Age of husband or wife if alive 15 years (Month) (Day) (Year)
7. Birth date of deceased Jan 15 1895 (Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation teaching

11. Industry or business

12. Name J. F. Withrow
13. Birthplace Clinton Co. Penn (City, town, or county) (State or foreign country)
14. Maiden name Florella May Mc. Kirahan
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Chas Withrow
(b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof 5/22/45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.

19. (a) June 1, 1945 (b) Mrs. H. D. Lumsden (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1945 hour 5 minute 45 am M.

21. I hereby certify that I attended the deceased from 2/21-45 to May 20 1945
that I last saw him alive on May 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus Duration 1 yr.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 552

Major findings: Of operations none Of autopsy none
Underline the cause to 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?

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

23. Signature E. W. Vaughn (M. D. or other) Address Tarkio, Mo. Date signed May 22 1945

SEP 20 1945

RECEIVED

District Health Officer No. 11

District File Number

Date Filed

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

Joe M. Davis

Licensed Embalmer No. 239410, Mo.

P. O. Address Tarkio, 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.