

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D DEC 21 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39685  
Do not use this space.

1. PLACE OF DEATH

(a) County GRUNDY Registration District No. 328  
 (b) Township TRENTON Primary Registration District No. 3017  
 (c) City TRENTON (d) Street No. W. Main Memorials St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

350 KATHERINE WITTEN  
 (a) Residence, No. R7D#5 Trenton, Mo. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF DAVE WITTEN  
 (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 23, 1878  
 7. AGE YEARS 61 MONTHS 6 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEKEEPER  
 9. Industry or business in which work was done, as saw mill, bank, etc. HOME  
 10. Date deceased last worked at this occupation (month and year) 7-0-39 11. Total time (years) spent in this occupation 61

12. BIRTHPLACE (CITY OR TOWN) Harrison County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Isom - Wingham

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Mary Elia Neal

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

17. INFORMANT DAVE WITTEN (ADDRESS) Trenton, Mo. R7D#5

18. BURIAL, CREMATION, OR REMOVAL PLACE Cluby 2012 Cape DATE 11-5-39

19. FUNERAL DIRECTOR (NAME) Reverend Home (ADDRESS) Trenton, Mo.

20. FILED 11-3-39 Jared J. J... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 30th 1939, to Nov 22 1939

I last saw him at 2:30 p.m. alive on Nov 22 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Gangrenous Appendicitis with cholecystitis  
 Date of onset Oct 29th

Other contributory causes of importance: 1/21

Name of operation Appendectomy with cholecystectomy Date of 11-20-39

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Chloroform

(Signed) Chas. F. Duffy, M. D.

(Address) Trenton, Mo.

Case No. 11;  
District File No. 1239-1288  
Date Filed DEC 19 1939

**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 Robert B. Davis

Registered Apprentice No. 212, working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trinidad, N.M.

**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, above space should be left blank.**