

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

22822
Do not use this space. *91*

1. PLACE OF DEATH

(a) County *Saline* Registration District No. *79638*
 (b) Township _____ Primary Registration District No. _____ Registered No. *961*
 (c) City *Marshall* (d) Street No. *2nd Street School* 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 *5* yrs. *0* mos. *7* ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. *Competition mo* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 16, 1917*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 10 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *None*
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Competition, La Grange Co Mo*

FATHER 13. NAME *Guy Titseworth*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Competition, La Grange Co Mo*

MOTHER 15. MAIDEN NAME *Grace North*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Neosho Mo*

17. INFORMANT (ADDRESS) *School Board, Marshall*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Lebanon, Mo* DATE *6-10-41*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *W. J. ... Lebanon, Mo*

20. FILED *6-10-41* 19 *41* *J. J. ... Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 10, 1941*

22. I HEREBY CERTIFY That I attended deceased from *March 1, 1941*, to *June 10, 1941*
 I last saw him alive on *June 10, 1941* Death is said to have occurred on the date stated above, at *7:30 p.m.*
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
 Date of onset *12/17*
 Other contributory causes of importance: _____
 Name of operation *None* Date of _____
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

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

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 _____

(Signed) *J. J. ...* M. D.
 (Address) *Marshall*

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.

RECEIVED
District Health Officer No. 8,
District File Number
Case Filed 7-10-41

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.....
Licensed Embalmer No.....
P. O. Address.....
R. C. Palmer
314 Jee Avenue
Lebanon, 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, above space should be left blank.