

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 3 1945
Registration District No. 75

Primary Registration District No. 6020-a

Registrar's No. 4

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Osborneville
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Osborneville
(If outside city or town limits, write "RURAL")

(d) Street No. E Johnson
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME WILLIAM ERVIN CHITTY

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 19 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan - day 15th
year 1942 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 8th to Jan 15th 1942
that I last saw him alive on Jan 8th 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>9</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Retired

Immediate cause of death Cancer of larynx Duration 1 year

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) H7a

11. Industry or business _____

MOTHER FATHER

12. Name William Chitty

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

14. Maiden name Wanda Blackbird

15. Birthplace Pilot Knob Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy _____

16. (a) Informant's own signature Mrs G. L. McParson

(b) Address 5114 Ruck Ark

17. (a) Burial (b) Date thereof 1-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. J. Cemetery

18. (a) Signature of funeral director Benham H. H. Co.

(b) Address 313 Benton Osborneville

19. (a) Jan 22 1942 (b) N. W. Murphy
(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 A. P. Evans (M. D. or other) _____

Address Bonnetts Mo Date signed 1-18-42

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

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.

District Health Officer No. 4
District File Number 242-203
Date Filed 2-11-42

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 C. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonne Terre 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.