

No. 2
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40360**

FILED JAN - 6 1943
Registration District No. 64

Primary Registration District No. 4065

Registrar's No. 15

3000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Polo
(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 _____)

In this community all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell

(c) City or town Polo 13
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Francis Elizabeth Whitsett

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1942 hour 4 minute 20 A. M.

4. Sex Female 5. Color or race wh

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

6. (b) Name of husband or wife W. C. Whitsett

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

7. Birth date of deceased July 12 - 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 29, 1942 to Dec 5, 1942, that I last saw him alive on Dec 4, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration _____

8. AGE: Years 88 Months 4 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Caldwell Co. Mo 0
(City, town, or county) (State or foreign country)

Due to Lobar Pneumonia

Due to Fractured rt Femur (intratrochanter)

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

11. Industry or business _____

MOTHER FATHER { 12. Name Tom Henson

13. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

14. Maiden name Emily Barber

15. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Francis Whitsett

(b) Address Polo Mo

17. (a) Burial (b) Date thereof 12 6 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Alphonsus Crowley

(b) Address Polo Mo

19. (a) 12-12-42 (b) Mrs Vivian B. Carpenter
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ✓ 013

(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 1

23. Signature C. H. Wilbur (M. D. 1)
Address Polo Mo Date signed 12-6-42

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 *Dean A. Alspaugh*

Licensed Embalmer No. *2908*

P. O. Address *Felo 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40360
Registrar's No. 18

Registration District No. 436

Primary Registration District No. 4065

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Palo
(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 _____
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Frances E Whitsett

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 31
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I first saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased July 12 1888
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 18 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Sam Kerron

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

14. Maiden name Emily Barber (City, town, or county) (State or foreign country)

15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Due to Cardiac failure
Lobar Pneumonia
Due to fractured at femur
(intertrochanteric)
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

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) accident
(b) Date of occurrence Nov - 1943
(c) Where did injury occur? Palo Caldwell Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at her home in Palo Mo
While at work? no (Specify type of place) (e) Means of injury fall on floor
23. Signature C. H. Wilson (M. D. or other) _____
Address Palo Mo Date signed 1-23-43

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

MOTHER FATHER

SUPPLEMENTARY

