

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35193

State File No. _____

Registration District No. 2-96Primary Registration District No. 80425Registrar's No. 60

1. PLACE OF DEATH:

(a) County Madison
 (b) City or town Fredericktown
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
143 East Main, Room 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community most of life 1 (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Charles-Elisha-Whitener3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Eva Whitener 6. (c) Age of husband or wife if alive 54 years7. Birth date of deceased Oct. 12th 1882
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
61 0 11 hr. min.9. Birthplace Bollinger County, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Life Insurance Salesman11. Industry or business Life Insurance12. Name Joseph H. Whitener13. Birthplace Bollinger Missouri
(City, town, or county) (State or foreign country)14. Maiden name Fannie Tucker15. Birthplace Jackson Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Wm E Pearson(b) Address St. Louis, Mo17. (a) Burial (b) Date thereof 10-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Christian Cemetery, Fredericktown, Mo18. (a) Signature of funeral director Ed H. Webb(b) Address Fredericktown Mo,19. (a) Oct 26 1943 (b) S. A. Slawinski
(Data received local registrar) (By) (Physician or other person)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison
 (c) City or town Fredericktown Mo.
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1943 hour 5 minute 30 P.M.21. I hereby certify that I attended the deceased from Jan 3 1943 to Oct 23 1943
that I last saw him alive on Oct 23 1943
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis Duration _____Due to Chronic Indigestion

Due to _____

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) _____

(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 Dr. A. P. Basler M. D. or other D. C.Address Fredericktown, Mo. Date signed 10/24/43

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

MOTHER FATHER

481

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 1143-2894
Date Filed 11-8-43

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

John A. Helt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, Md

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.