

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36018

State File No. _____

Registration District No. 2

Primary Registration District No. 4150

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Bourbon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: A
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community white years, months or days)

3. (a) PRINT FULL NAME Payence Est. Willhite

3. (b) If veteran, name war WW # 2 3. (c) Social Security No. 490-12-0273

4. Sex Male 5. Color 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 Dec. 2 1917
(Month) (Day) (Year)

8. AGE: Years 31 Months 0 Days 2 If less than one day hr. _____ min _____

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

10. Usual occupation Foreman

11. Industry or business TAMMONT Mfg. Co.

12. Name Halvard Willhite

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

14. Maiden name MARY ANN McHARD

15. Birthplace Crawford County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Halvard Willhite

(b) Address R.R. # 2, Cuba, Mo.

17. (a) Burial (b) Date thereof 12-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cem. Calhoun, Mo.

18. (a) Signature of funeral director Paul A. Frankel

(b) Address Bourbon, Mo.

19. (a) 12-7-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Y. H. Taylor
(c) City or town R.R. Cuba, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. # 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death From suffocation Duration
of smoke from the
burning of the Bourbon
Hotel

Due to _____

Due to _____

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

Major findings:
Of operations 182
Of autopsy 140

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) _____ (c) Means of injury _____

23. Signature [Signature] (M.D. or other) _____
Address Calhoun, Mo. Date signed Dec 6-48

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

MOTHER FATHER

RECEIVED 12-10-48
District Health Officer No. 5,
Number 1248766
Date 12-13-48

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

X *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address. *Cuba, 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.