

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 8 1948

DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37143
Registrar's No. 273

Registration District No. 157

Primary Registration District No. 5584

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town rural- McDonald Township
(c) Name of hospital or institution:
Golden City Route 1
(d) Length of stay: In hospital or institution 40 years
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Golden City
(d) Street No. Route 1
(e) Citizen of foreign country? no

3: (a) PRINT FULL NAME THOMAS H. BENTON WITHERS
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 married
6. (b) Name of husband or wife Julia Ann Rowe Withers
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased October 18 1855

8. AGE: Years Months Days If less than one day
93 1 12 hr. min.

9. Birthplace Sarcoxie Missouri

10. Usual occupation retired farmer

11. Industry or business

12. Name William B. Withers
13. Birthplace unknown Indiana
14. Maiden name Mary Jane Burnett
15. Birthplace unknown

16. (a) Informant Mrs. Russell Brown
(b) Address Rte 1, Golden City, Mo.

17. (a) burial (b) Date thereof 12-3-48
(c) Place: burial or cremation Cox Cem.-Monett, Mo.

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.

19. (a) 12/3/48 (b) J. B. Clifton
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Nov day 30
year 1948 hour 12:30 minute p M.
21. I hereby certify that I attended the deceased from MAY 14 to NOV 30 1948
that I last saw him alive on NOV 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic valvular heart disease
Due to senility
Due to
Other conditions
Major findings: Of operations
Of autopsy

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?
(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 J. A. Hope
Address Suddenville, Mo.
(M. D. or other) Date signed 12-1-48

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 Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage

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.