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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 378333  
Registrar's No. 10

Registration District No. 206 Primary Registration District No. 3042

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

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:  
— COLLIER ST. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 27 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County MADISON  
(c) City or town Fredericktown  
(If outside city or town limits, write "RURAL")  
(d) Street No. — COLLIER ST.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME DAVID ALBERT WHITWORTH  
3. (b) If veteran, name war — 3. (c) Social Security No. —

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 12  
year 1948 hour 5 minute 45 A.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.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced —  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased Oct - 17 - 1948  
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 7 days

8. AGE: Years 0 Months 1 Days 20 If less than one day — hr. — min.

Due to —  
Due to —  
Other conditions (include pregnancy within 3 months of death) —

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

Major findings: Of operations —  
Of autopsy —  
Underline the cause to which death should be charged statistically.

10. Usual occupation NONE  
11. Industry or business NONE

MOTHER FATHER

12. Name CLIFFORD WHITWORTH  
13. Birthplace Fredericktown Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name LOUISE FRANCIS  
15. Birthplace Mill Creek Missouri  
(City, town, or county) (State or foreign country)

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 —

16. (a) Informant Clifford Whitworth  
(b) Address Fredericktown, Mo.

17. (a) Burial (b) Date thereof 11-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Little Vine, Mo.

18. (a) Signature of funeral director Sam Noyin Jr.  
(b) Address Fredericktown, Mo.

23. Signature W. B. Brimmer M.D. (M. D. or other)  
Address Fredericktown, Mo. Date signed 11/24/48

19. (a) 11-15-1948 (b) Phedone Dickson  
(Date received local registrar) (Registrar's signature)

RECEIVED

Health Officer No. 4  
File Number 1148-1461  
Date Filed 11-24-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>Not</sup> embalmed by me, ~~by~~.....

....., ~~Registered Apprentice No.~~  
~~working under my personal supervision.~~

Signed Sam Sajin, Jr......

Licensed Embalmer No. 4299.....

P. O. Address. Fredericktown, 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.**