

FILED OCT 4 1944

State File No. _____

Registration District No. 227

Primary Registration District No. 4339

Registrar's No. 49

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
SO. MAIN ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 58 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. SO. MAIN ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAS. HENRY WHITECOTTON

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 11
year 1944 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 39 to Sept. 11, 1944
that I last saw him alive on Sept. 11, 1944
and that death occurred on the date and hour stated above.

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 ZORA WHITECOTTON 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased JUNE 9, 1854
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis and myocardial degeneration
Due to _____

8. AGE: Years 90 Months 3 Days 2 If less than one day _____ hr. _____ min.

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Medical findings: Of operations _____
Of autopsy none

9. Birthplace CINCINNATI, HALLS CO., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation LAWYER

11. Industry or business _____

12. Name GEO. A. WHITECOTTON
13. Birthplace KY.
14. Maiden name ZERELDA SPAULDING
15. Birthplace KY.

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 EMO

16. (a) Informant Elizabeth Whitecotton
(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof SEPT. 14, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed O'Slavery
(b) Address Paris, Missouri

19. (a) 9-11-44 (b) Haynes Smith
(Date received local registrar) (Registrar's signature)

23. Signature J. A. Barnett (M. D. or other) EMO
Address PARIS, MO. Date signed 9-11-44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 10-44-1625

Date Filed OCT 3 1944

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

Dixon L. Kelsey

Licensed Embalmer No.

4225

P. O. Address Paris, Missouri.

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.