

FILED MAY 13 1946

Registration District No. 35

Primary Registration District No. 3011

Registrar's No.

1. PLACE OF DEATH:

(a) County Carrollton
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stator Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 day
(Specify whether
In this community Entire Life
years, months or days)

3. (a) PRINT FULL NAME CURRY B. WITHERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 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 Apr. 6 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name John S. Withers
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Barker
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant C. B. Withers
(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 4-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cem.

18. (a) Signature of funeral director Stanley Gibson

(b) Address Carrollton Mo.

19. (a) 4/5/46 (b) Mrs. Herbert Barker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Rural
(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 Apr. day 4
year 1946 hour 5 minute 150 M.

21. I hereby certify that I attended the deceased from Mar. 25, 1946, to April 4, 1946
that I last saw him alive on April 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart collapse
Due to pneumonia
Due to _____

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

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

(Specify type of place) _____
While at work? _____ Means of injury _____

23. Signature P. H. Hinton (M. D. or other) MD

Address Carrollton Mo. Date signed April 5

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-10-46

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 _____

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address _____

Carrollton 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. MayRegistration District No. 55Primary Registration District No. 3011

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Canall
 (b) City or town Canallton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAMECurry B. Withers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased April (Month) 6 (Day) _____ (Year)

8. AGE: Years 75 Months 1 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
 (c) City or town _____ (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 April year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 _____, Duration _____

Acute heart collapseDue to pneumoniaDue to bronchitis

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

Major findings: _____
 Of operations _____

Of autopsy 107

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 R Hamilton Stalin (M. D. or other) MD

Address _____ Date signed 4/5/46

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

SUPPLEMENTARY

12508