

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

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED OCT 8 1948**

# UNITED STATES DEPARTMENT OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **29130**

Registration District No. **33**

Primary Registration District No. **3011**

Registrar's No. **83**

## 1. PLACE OF DEATH:

- (a) County **Carroll**  
(b) City or town **Carrollton**  
(c) Name of hospital or institution: **1**  
(If outside city or town limits, write "RURAL" and name of township)

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

- (d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

3: (a) PRINT FULL NAME **KATIE B. WITHERS**

- 3: (b) If veteran, name war \_\_\_\_\_ 3: (c) Social Security No. \_\_\_\_\_

4. Sex **Fe** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Gas Withers** 6. (c) Age of husband or wife if alive **80** years  
7. Birth date of deceased **Sept 3 1871** (Month) (Day) (Year)

8. AGE: Years **77** Months **0** Days **9** If less than one day hr. min.

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

10. Usual occupation **at Home**

11. Industry or business

12. Name **Geo Blackmore**

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

14. Maiden name **Mary Henry** (City, town, or county) (State or foreign country)

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

16. (a) Informant **James Withers**

- (b) Address **Carrollton Mo**

17. (a) **Burial** (b) Date thereof **9-23-48** (Month) (Day) (Year)

- (c) Place: burial or cremation **Willis Chapel Cem**

18. (a) Signature of funeral director **Stanley K. Kiser**

- (b) Address **Carrollton Mo**

19. (a) **9/23/48** (b) **Dr. Verlin C. Cline** (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State **Mo** (b) County **Carroll**  
(c) City or town **Carrollton** (If outside city or town limits, write "RURAL") **5**

- (d) Street No. \_\_\_\_\_ (If rural, give location)

- (e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **22** year **1948** hour **12** minute **15** P.M.

21. I hereby certify that I attended the deceased from **April** 19**48** to **Sept 22** 19**48** that I last saw him alive on **Sept 22** 19**48** and that death occurred on the date and hour stated above.

- Immediate cause of death **chance myocarditis** Duration \_\_\_\_\_

- Due to \_\_\_\_\_

- Due to \_\_\_\_\_

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

- Major findings: Of operations \_\_\_\_\_

- Of autopsy **gbd**

## 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) (e) Means of injury **0**

23. Signature **J. M. Cline** (M. D. or other) **MD**  
Address **Carrollton Mo** Date signed **9-23-48**

RECEIVED

District Health Officer No. 8,

District File Number .....

Filed 10-2-48

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.....

William R. Koch....., Registered Apprentice No. 242  
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.