DEC'D JUL 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22023
Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH

(a) County Iron — Registration District No. 391
(b) Township Arcadia — Primary Registration District No. 546a — Registered No. 32
(c) City ~~Ironton~~ — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Ellen Whitt — 200
(a) Residence, No. Ironton Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: fem
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Whitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1860

7. AGE — YEARS: 77 — MONTHS: 11 — DAYS: 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caledonia Mo. 0

FATHER
13. NAME George Palmer 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER
15. MAIDEN NAME Anna Langley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) R. R. Whitt, Ironton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Irondale Mo. DATE June 5 1938

19. FUNERAL DIRECTOR (ADDRESS) Norman White & Sons, Ironton Mo.

20. FILED June 8 1938 R. A. Rasche, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21th, 1938, to June 3rd, 1938. I last saw her alive on May 30th, 1938. Death is said to have occurred on the date stated above, at 8.15A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomata of the Stomach	?
46B'	
Other contributory causes of importance: Chronic Bronchitis	4/3/38
Senility	

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R. E. Harland, M. D.
(Address) Ironton, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Ancel J. White, Licensed Embalmer No. 3012

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Ancel J. White

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)