

SEP OCT 18 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31659

Do not use this space.

1. PLACE OF DEATH

(a) County Rollinger
(b) Township Lorance
(c) City Lutesville Mo
(e) Length of residence in city or town where death occurred

Registration District No. 66
Primary Registration District No. 4038

Registered No. 14

(d) Street No. 356
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Netta Elizebeth Whitener,

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 2, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Riley S. Whitener
(OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 9/27/38, 19to 10/2/38, 1919

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 17th, 1856
7. AGE YEARS 82 MONTHS 1 DAYS 15
If LESS than 1 day, hrs. min.

I first saw her alive on 10/1/38, 1919 Death is said to have occurred on the date stated above, at 1-30P m.

The principal cause of death and related causes of importance were as follows:

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

Hypostatic Pneumonia
Date of onset

12. BIRTHPLACE (CITY OR TOWN) Patton Mo.
(STATE OR COUNTRY)

Other contributory causes of importance:

Hip Fracture 18618

13. NAME Green Long
14. BIRTHPLACE (CITY OR TOWN) Patton Mo.
(STATE OR COUNTRY)

Name of operation 1861
What test confirmed diagnosis? 18 Was there an autopsy? No

15. MAIDEN NAME Luticia Albright
16. BIRTHPLACE (CITY OR TOWN) Madison Co.
(STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Guarded Date of injury 7/27/38, 1919

Where did injury occur? home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Lucy Francis
(ADDRESS) Lutesville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Marquand Mo. DATE Oct, 4th, 1938

Manner of injury home
Nature of injury Fractured neck of femur

19. FUNERAL DIRECTOR (NAME) Baker Funeral Home,
(ADDRESS) Lutesville, Mo. A J Baker

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

20. FILED 10, 3, 1938 Millie H. Van Amburgh
Local Registrar

(Signed) Dr. John G. Myers D.O.
(Address) Patton Mo.

STATEMENT OF THE EMBALMER
OF THE BODY OF
THE DECEASED

186a

18

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

31689

Do not use this space.

1. PLACE OF DEATH

(a) County Bollinger

Registration District No. 66

(b) Township Lutesville

Primary Registration District No. 4038

(c) City Lutesville

(d) Street No. _____

(If death occurred in Hospital or Institution, write its name instead of street and number) _____ St.

(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 Netta Elizabeth Whitener

(a) Residence, No. _____ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 82 1 15

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. _____ 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) _____

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1928

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____

I last saw h. _____ alive on _____, 19 _____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia Date of onset 186

Other contributory causes of importance:

Hip Fracture

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Fall

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John J. Meyers M.D.

(Address) Lutesville Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

