

JAN 10 1940

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

43998  
Do not use this space.

1. PLACE OF DEATH -  
(a) County MARION Registration District No. 547  
(b) Township MASON Primary Registration District No. 3029  
(c) City Hannibal (d) Street No. Evening Nocht Registered No. 333  
(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 Laura Ellen Whitehorn  
(a) Residence, No. STOUTSVILLE M. RD. St.  ST. LOUISVILLE M. R. D.  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Reubin S. Whitehorn  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 - 1874  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 1 28  
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. at Home  
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) Illinois  
13. NAME John A Hall  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
15. MAIDEN NAME Pricilla Davis  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry, Ill.  
17. INFORMANT (ADDRESS) R. S. Whitehorn  
Stoutsville Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Aerial Crematory DATE 19  
Railroad  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son  
Monroe City Mo  
20. FILED Dec 6 1939 W. J. Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1939  
22. I HEREBY CERTIFY, That I attended deceased from July 1 1939 to Nov 24 1939  
I last saw him alive on Nov 24 1939 Death is said to have occurred on the date stated above, at 8:40 a.m.  
The principal cause of death and related causes of importance were as follows:  
Ca of Gaolbladder  
Date of onset  
Other contributory causes of importance:  
stability -  
emile  
Name of operation exploratory Date of Nov 24 1939  
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  
Nature of injury  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify (Signed) John Reuburn M. D.  
(Address) 101 1/2th Street St. Louis Mo

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 X1605

**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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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, above space should be left blank.**