

Registration District No. 266Primary Registration District No. 4164Registrar's No. 5

1. PLACE OF DEATH:

(a) County Deut.
(b) City or town Salem, Mo.
(c) Name of hospital or institution:
(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

In this community 1 mo (Specify whether years, months or days) 3 1/23. (a) PRINT FULL NAME Letty Marie Whitaker.

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased 12 12-1939
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days 28. If less than one day _____ hr. _____ min.9. Birthplace Salem, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Clothes Whitaker12. Name Claude Whitaker18. Birthplace Salem, Mo. (City, town, or county) (State or foreign country)14. Maiden name Katharine Carmel15. Birthplace Salem (City, town, or county) (State or foreign country)16. (a) Informant's own signature Claude Whitaker

(b) Address _____

17. (a) Burial (b) Date thereof 1-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Cedar Grove18. (a) Signature of funeral director Habeant Krauth(b) Address Salem, Mo. 24619. (a) January 12, 1940 (b) F. E. Butler, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Deut.(c) City or town Salem
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day _____
year 1940 hour 11:00 minute P. M.21. I hereby certify that I attended the deceased from January 9
1940, to January 10, 1940;that I last saw her alive on January 10th, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death

Meningitis Simple

Duration

2 daysDue to Convulsions (under eyes) 2 day

Due to _____

Other conditions
(Include pregnancy within 3 months of death) NoneMajor findings:
Of operations _____

Of autopsy _____

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? _____

23. Signature F. E. Butler, M.D. (M. D. or other) MDAddress Salem, Missouri Date signed 1-12-40

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.

RECEIVED

District Health Officer No. 5,

District File Number. 240 178

Date Filed 2740

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.