

FILED OCT 13 1940

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

31897

Do not use this space.

## 1. PLACE OF DEATH

(a) County Douglas Registration District No. 272  
 (b) Township Benton Primary Registration District No. 5379 Registered No. 54  
 (c) City Ava (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

Cora E. Whiteman  
 (a) Residence, No. Ava, Missouri 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 Female 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 George Samuel Whiteman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 10 9 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Brown County, Ill. (STATE OR COUNTRY)

13. NAME Daniel S. Sprague

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

15. MAIDEN NAME Susian S. Applaton

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

17. INFORMANT Paul H. Whiteman (ADDRESS) PIDMONT KANSAS

18. BURIAL, CREMATION, OR REMOVAL PLACE Gentry DATE 9-17, 1940

19. FUNERAL DIRECTOR Clinkingbeard Funeral Home (ADDRESS) Ava, Missouri

20. FILED 9-25, 1940 Reba King White Local Registrar. 976

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1937, to Sept. 1940

I last saw h. ex. alive on Sept. 7, 1940. Death is said to have occurred on the date stated above, at 5 AM.

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

Chronic Endocarditis Date of onset not

Other contributory causes of importance:

Arterial Sclerosis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? clinical 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. W. Norman, M. D.

(Address) Ava, Mo

*A. P. M. Norman*  
RECEIVED

District Health Officer No. 0,

District File Number *1040-2644*

Date Filed *OCT 2 1940*

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STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No. ....

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 *Andrew Forbis*

Licensed Embalmer No. *3649*

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.)