

Registration District No. **76 NOV 19 1940** Primary Registration District No. **5228**

Registrar's No. **51**

**1. PLACE OF DEATH:**

(a) County Cedar **7**

(b) City or town Rural, Box Twp **1164**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** RUTH WHITAKER

**3. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
name war. \_\_\_\_\_ No. NONE

**4. Sex** FEMALE **5. Color or** White **6. (a) Single, widowed, married,** \_\_\_\_\_  
race. White divorced MARRIED

**6. (b) Name of husband or wife** RAY WHITAKER **6. (c) Age of husband or wife if** \_\_\_\_\_  
RAY WHITAKER alive 50 years

**7. Birth date of deceased** APRIL-12-1899  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day

42 5 28 hr. min.

**9. Birthplace** Emporia Kansas  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** E. W. Griffin

**12. Name** E. W. GRIFFIN

**13. Birthplace** \_\_\_\_\_ Ohio  
(City, town, or county) (State or foreign country)

**14. Maiden name** Nancy E Bolton

**15. Birthplace** \_\_\_\_\_ Kansas  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Ray Whitaker

**(b) Address** R. 3 Eldorado Springs, Mo

**17. (a) Removal** \_\_\_\_\_ **(b) Date thereof** \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Emporia Kansas

**18. (a) Signature of funeral director** Quinn-Siders

**(b) Address** Eldorado Springs, Mo

**19. (a) 10711-40** **(b) J. W. Rawson**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County CEGAR

(c) City or town RURAL  
(If outside city or town limits, write "RURAL")

(d) Street No. Box Township  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Oct day 10  
year 1940 hour 4 minute 30 P. M.

**21. I hereby certify that I attended the deceased from** Sept  
29, 1940, to Oct 10, 1940,  
that I last saw her alive on Oct 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid fever

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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? \_\_\_\_\_

154 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** J. W. Rawson (M. D. or other) J. W.

Address Eldorado Spgs. Date signed 10-11-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1572

Date Filed 11-7-40

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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 \_\_\_\_\_

*O. B. Sanders*

Licensed Embalmer No. 3250

P. O. Address Evansville, Ind.

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.