

FILED MAR 17 1941

Registration District No. 291

Primary Registration District No. 4230

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(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 _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Mary Lorraine Whited

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

4. Sex Fem. 5. Color or race white 6. (a) Single, widowed, married, divorced. # 0

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

7. Birth date of deceased March 18, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 10 23 _____ hr. _____ min.

9. Birthplace Ironton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Whited
13. Birthplace Pilot Knob Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Dolly Marler
15. Birthplace Pilot Knob Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Whited
(b) Address Ironton Mo.

17. (a) Burial (b) Date thereof: 2/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address 4 S. 2nd Ironton Mo.

19. (a) Feb-15-41 (b) Julia A. Huntington
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47
(c) City or town Ironton
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 4, 1941, to Feb. 10, 1941;
that I last saw her alive on Feb. 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 2 days
Due to Pertussis 10 days

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major 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? At home
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ben W. Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 2-11-41

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

17
0

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 comply with the above constitutes grounds for revocation of license.)

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