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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14452

Registration District No. 1104 Primary Registration District No. ~~5445~~ 4554 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Gerald, Missouri
(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 years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, Missouri 16
(If outside city or town limits, write "RURAL")

(d) Street No. 9
(If rural, give location)

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

3. (a) PRINT FULL NAME Lorraine Bernice Whitlock

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband ~~or wife~~ Rodney A. Whitlock

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

7. Birth date of deceased October (Month) 24th (Day) 1919 (Year)

8. AGE: Years 21 Months 5 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Gerald, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Samuel E. Otte
13. Birthplace Gerald, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda Uttmann
15. Birthplace Gerald, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Rodney A. Whitlock
(b) Address St. Louis, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Prop. Church Cemetery

18. (a) Signature of funeral director Ernst L. Oltmann
(b) Address Gerald, Missouri

19. (a) 4-5-41 (Date received local registrar) (b) Charles A. Schmitt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1941 hour 6 minute 4 A. M.

21. I hereby certify that I attended the deceased from March 15, 1941, to 4-3, 1941, that I last saw her alive on 4-2, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1 yr
Due to	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Charles A. Schmitt (M.D. or other) MD

Address Gerald Mo Date signed 4-5-41

(Licensed Embalmer's Statement on Reverse Side)

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 Ernst L. Oltmann

Licensed Embalmer No. 4054

P. O. Address Gerald, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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