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

MAY 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16116

Registration District No. 1171 Primary Registration District No. 6145 Registrar's No.

**1. PLACE OF DEATH:**
(a) County Texas
(b) City ~~or town~~ Raymondville Jackson
(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 42 Yrs.

**2. USUAL RESIDENCE OF DECEASED:** 107
(a) State Missouri (b) County Texas
(c) City or town Raymondville, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. J
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie Willhite
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 14 (Day) 1898 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 42 | 5 | 1 | hr. min. |

9. Birthplace Texas County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name John W. Willhite
13. Birthplace (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name Martha Spiva
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant George Willhite
(b) Address Raymondville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Big Creek
18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Houston, Mo.
19. (a) Apr. 19-1941 (Date received local registrar) (b) Mrs Dora Gregory (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 15 year 1941 hour 5 minute P.M.
21. I hereby certify that I attended the deceased from April 12 1941 to April 15 1941 that I last saw her alive on April 14 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic myocardial degeneration | unknown |
| 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 Henry R. Rosy (M. D. or other)
Address Houston, Mo. Date signed 4-17-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 5411627
Date Filed

**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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo

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

**If this body is not embalmed, fact should be so stated above.**