

S. No. 2  
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5-17-39  
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FILED JUN 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17676

Registration District No. 250

Primary Registration District No. 4150

Registrar's No. 17

1. PLACE OF DEATH:

(a) County. DAVIESS  
(b) City or town. GALLATIN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community. MOST OF LIFE  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. DAVIESS 31  
(c) City or town. GALLATIN 1  
(If outside city or town limit write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

SARAH E. WHITT

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

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

4. Sex. FEMALE

5. Color or race. W.

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

6. (b) Name of husband or wife. JOHN E. WHITT

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

7. Birth date of deceased. JAN. 4 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 4 9 hr. \_\_\_\_\_ min.

9. Birthplace. GREENSBORO CO. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation. HOUSE WIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name. HARDEN BROOKS  
13. Birthplace. COLE CO. ILL.  
(City, town, or county) (State or foreign country)  
14. Maiden name. MARTHA BURGESS  
15. Birthplace. MILLER CO. MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant. JOHN ALBRECHT  
(b) Address. GALLATIN MO.

17. (a) BURIAL (b) Date thereof. MAY 15 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. BROWN

18. (a) Signature of funeral director. [Signature]

(b) Address. [Address]

19. (a) 5-14-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 13  
year 1941 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 4-21  
1941 to 5-13, 1941;  
that I last saw her alive on 5-13, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Enteritis Duration 4-20-41  
Terminal Bleeding 4-20-41

Due to. Senility

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

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

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

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

23. Signature. [Signature] (M. D. or other) 2

Address. Gallatin, MO. Date signed 5-14-41

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

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

*E. M. Jones*

Licensed Embalmer No.

*3453*

P. O. Address

*La Grange, Ill.*

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

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