

No. 2
1-4-41
17-39
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DEPARTMENT OF PUBLIC HEALTH
BUREAU OF THE CENSUS

FILED JUL 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22886

Registration District No. 830

Primary Registration District No. 4503

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina
(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 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Zarilda E. Whitelock

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 Widowed

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

7. Birth date of deceased February 10th 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 4 3 _____ hr. _____ min.

9. Birthplace West Point / Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Culbertson
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Bride
15. Birthplace Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Kemp
(b) Address Shelbina Mo.

17. (a) Burial (b) Date thereof 6/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo.

18. (a) Signature of funeral director Mellon & Burdick

(b) Address Shelbina Mo.

19. (a) 6-21-41 (b) Ruth Gayner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1941 hour 7 PM minute _____ M.

21. I hereby certify that I attended the deceased from 5-15-41 to 6-13-41
that I last saw her alive on 6-13-41
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
arterio-sclerosis.
Senile dementia. Duration 5 yrs.

Other conditions g.g.w
(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?

23. Signature J. J. G. (Specify type of plague) _____
H. M. Wood (e) Means of injury _____
Address Shelbina Mo. (M. D. or other) _____
Date signed 6-22-41

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

RECEIVED

District Health Officer No. 10

District File Number 7-41-1261

Date Filed JUL 10 1941

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 Henry A. Barkelee

Licensed Embalmer No. 3835

P. O. Address Shelbina, Mo

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, fact should be so stated above.