

Registration District No. **592**

Primary Registration District No. **4350**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County **Montgomery**
(b) City or town **Montgomery City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **27 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Montgomery**
(c) City or town **Montgomery City, Mo.**
(If outside city or town limits, write "RURAL") **070**
(d) Street No. **1**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No) **0**
If yes, name country **0**

3. (a) PRINT FULL NAME **SUSAN ANN WHITESIDE**

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

7. Birth date of deceased **February 2 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **18**
If less than one day _____ hr. _____ min.

9. Birthplace **Montgomery Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **House work**

11. Industry or business

MOTHER FATHER {
12. Name **Alysa Whiteside**
13. Birthplace **Montgomery Co Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Carter**
15. Birthplace **Lincoln Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Anna Whiteside**

(b) Address **Montgomery City Mo**

17. (a) **Burial** (b) Date thereof **July 22/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Montgomery Co Mo**

18. (a) Signature of funeral director **Jarvis Clark**

(b) Address **Montgomery City Mo**

19. (a) **7/22/41** (b) **Wm. M. M...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20**
year **1941** hour **9** minute **7** M.

21. I hereby certify that I attended the deceased from **Sept 1 12**
1938 to **July 20 1941**
that I last saw her alive on **July 14 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Death Sudden

Due to **Generalized Arteriosclerosis + Arteremic Paralysis**
Due to **Decubiti Ulcers**

Other conditions **Decubiti Ulcers**
(Exclude pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **none**
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 **E. J. T. Anderson, M.D.** (M. D. or other) **J. M. D.**

Address **Montgomery City Mo** Date signed **7/22/41**

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

Joseph A. Marbo

Licensed Embalmer No. *3658*

P. O. Address *Montgomery Co*

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.