

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34863

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town OWENSVILLE RURAL
(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 19 YEARS
years, months or days)

3. (a) PRINT FULL NAME LAURA WILLHITE

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 S.H. WILLHITE

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased MARCH
(Month)

24
(Day)

1872
(Year)

8. AGE:

Years

Months

Days

If less than one day

69

7

6

hr.

min.

9. Birthplace OAK HILL
(City, town, or county)

MISSOURI
(State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name JOSEPH NAUGLE

13. Birthplace GRAY INDIANA
(City, town, or county) (State or foreign country)

14. Maiden name NANCY SAUNDERS

15. Birthplace OAK HILL MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Luther Willhite

(b) Address Owensville, Mo.

17. (a) BURIAL (b) Date thereof 11-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director H. L. Lutenstrater

(b) Address Owensville, Mo.

19. (a) Nov. 1st '41 (b) Alise Back
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

(c) City or town OWENSVILLE RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR OWENSVILLE
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1941 hour 3 minute 10 AM.

21. I hereby certify that I attended the deceased from 10-17 1941 to 10-30 1941

that I last saw her alive on 10-26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Left Hemiplegia due to intracranial hemorrhage

Due to due to hypertension

Other conditions Obesity

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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?

While at work (Specify type of place) (e) Means of injury

23. Signature Paul A. Brown (M. D. or other)

Address Owensville, Mo. Date signed 11-1-41

(Licensed Embalmer's Statement on Reverse Side)

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 *Me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Melford H. H. Winters*
Licensed Embalmer No. *3838*
P. O. Address *Owensville 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, above space should be left blank.