

FILED FEB 20 1947
Registration District No. B477

Primary Registration District No. 44-35901

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla (Rural)
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Ida Josephine Whitson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fem 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Nov 26 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Beulah Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Woods 13. Birthplace Tenn (City, town, or county) (State or foreign country)

14. Maiden name Lucy Anthony 15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Walter Whitson

(b) Address Rolla, R.R. # 1

17. (a) Beulah Mo (b) Date thereof Jan 27, 47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Null + Son

(b) Address Rolla, Mo

19. (a) 1-30-47 (b) Ida Whitson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County Ph
(c) City or town _____ (If outside city or town limits, write "RURAL") o
(d) Street No. _____ (If rural, give location) o
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 10 1942 to Jan 26 1942 that I last saw her alive on January 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Failure

Due to Decompensated Myocarditis

Due to _____

Other conditions Bronchial asthma (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy _____

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? Wm Collins (Specify type of place) (Means of injury)

23. Signature Ida Whitson (M. D. or other) Do Address Rolla, Mo Date signed 1/27/47

Duration 3 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

S. L. Myers

Licensed Embalmer No.....

3394

P. O. Address.....

Rosewood

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.