

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12305

FILED APR 10 1942
Registration District No. 875

Primary Registration District No. 6160

Registrar's No. 83

108
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Vernon

(b) City or town. Rural - Centerville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Center township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 6 years (Specify whether years, months or days)

In this community. 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Vernon

(c) City or town. Nevada Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. 3.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LUCINDA FRANCES WILHITE

3. (b) If veteran. name war. no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1942 hour 2 minute 10 AM

4. Sex female

5. Color or race W.

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

6. (b) Name of husband or wife. Wm. Wilhite

6. (c) Age of husband or wife if alive. 80 years

7. Birth date of deceased. 12 30 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 17, 1942 to March - 31 - 1942
that I last saw h. up alive on March - 30 - 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>11</u>	hr. min.

Immediate cause of death. Septicemia Heart disease

Due to.

Due to.

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: 93d

Of operations.

Of autopsy.

10. Usual occupation. Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Goodnight

13. Birthplace Audrain Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name. Emily Eubank

15. Birthplace. Audrain Co. Mo.
(City, town, or county) (State or foreign country)

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) _____ (e) Means of injury.

16. (a) Informant. Wm. Wilhite

(b) Address. Nevada Mo. R. R. 3.

23. Signature. Elizabeth Breckenridge (M. D. or other)

Address. Nevada, Mo. Date signed. 3/31/42

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. March 9 1942
(Month) (Day) (Year)

(c) Place: burial or cremation. Nevada Mo Newton Burial Park

18. (a) Signature of funeral director. G. B. Berry & Sons

(b) Address. Sheldon Mo

19. (a) March 31 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

7231

RECEIVED

District Health Officer No. 7

District File Number 4-42-362

Date Filed 4-8-42

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 Carroll T. Beery

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.