

FILED MAY 3 1942

Registration District No. 2

Primary Registration District No. 205

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Savannah  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)

In this community 20 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Savannah 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country 0

3. (a) PRINT FULL NAME EMORA WHITNEY

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased. Aug 8 - 1849  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

92 8 13 - hr. - min.

9. Birthplace Bedford 1 penn  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

MOTHER FATHER

11. Industry or business

12. Name Peter Radebaugh

13. Birthplace Bedford 1 Penn  
(City, town, or county) (State or foreign country)

14. Maiden name Elysa Waters

15. Birthplace unknown Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Black

(b) Address Savannah mo

17. (a) Burial (b) Date thereof 4-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah mo

19. (a) 4/27/42 (b) J. H. Fortikman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21  
year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1942 to April 21 1942  
that I last saw him alive on April 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction  
heavy fatigues

Due to Adena Ellison

Due to -

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations GA

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? -

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Walter Thorne (M. D. or other) 0  
Address Savannah mo Date signed 4-27

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

2  
1  
0

**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 E. C. Breit  
Licensed Embalmer No. 2650  
P. O. Address Savannah Md

**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.**