

FILED MAY 9 1942

State File No.

Registration District No. 304

Primary Registration District No. 5421

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Gasconade

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

(c) Name of hospital or institution: (No street Number) 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 years (Specify whether years, months or days)

In this community 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade

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

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

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

3. (a) PRINT FULL NAME KATIE ELIZABETH WHITTING

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (c) Age of husband or wife if alive 30 years (Day) (Year)

7. Birth date of deceased July 30 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 16 If less than one day hr. min.

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

10. Usual occupation Hwi

11. Industry or business

MOTHER FATHER { 12. Name Chas. Philbert

13. Birthplace Bonnetts Mill Mo
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Ann Robinson

15. Birthplace Bonnetts Mill Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Whitting,
(b) Address Gasconade, Mo

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

(c) Place: burial or cremation Gasconade Cemetery

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Mo

19. (a) April 15, 1942 (b) A. H. Seidler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15 year 1942 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 1941 to Apr 15, 1942, that I last saw her alive on Apr 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder

Due to Carcinoma of Uterus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 480

Of operations

Of autopsy

Duration

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

23. Signature Howard H. Hartman (M.D. or other) MD
Address Hermann Mo Date signed 4-17-42

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

3760

MAY 7 1942

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.....

Hugo H. Blumet
.....
Licensed Embalmer No. 3160
P. O. Address Hermann, 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.