

1. PLACE OF DEATH:

(a) County Miller
 (b) City or town Rural - Richwood, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Iberia, Mo. R# 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 _____
 years, months or days

3. (a) PRINT FULL NAME LUCINDA FRANCIS WHITTLE3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Robert D. Whittle 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased Feb 10 1863
 (Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 9 If less than one day _____
 hr. _____ min. _____

9. Birthplace Iberia Mo
(City, town, or county) (State or foreign country)10. Usual occupation House wife11. Industry or business Farm12. Name John Keeth13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Kathleen Whittle15. Birthplace Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Ida Drace(b) Address Iberia Mo17. (a) Burial (b) Date thereof 5-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation (Pleasant Hill) Iberia, Mo18. (a) Signature of funeral director Ch. Casey(b) Address Iberia - Mo19. (a) May 21 - 42 (b) Jessie Perkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Iberia, Mo. R# 1
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1942 hour 10 minute 30 p. M.21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Disseminated dead
in bed by daughter, Mrs. Ida Drace,
Had been in very poor health
Due to last year's illness.
Had been in same place
Due to several years.
Health failure from
all indications.

Duration

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

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 _____

23. Signature Ch. Casey (If other)Address Iberia Mo Date signed 5/20/42

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

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RECEIVED

Miller County Health Dep't.

County File Number 42-46

Date Filed 6/9/42

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

C. H. Basey

Licensed Embalmer No.

2694

P. O. Address

Iberia, 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.