

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21553

Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 426
 (b) Township Chilhowee Primary Registration District No. 4252
 (c) City Chilhowee Street No. 1 Registered No. 2
 (d) (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Sarah E. Whittemore

(a) Residence, No. in Chilhowee Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin Whittemore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 - 1866
 7. AGE YEARS 76 MONTHS 5 DAYS 18 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

FATHER 13. NAME John B Hewerton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N Carolina

MOTHER 15. MAIDEN NAME Melissa Gilliam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

17. INFORMANT (ADDRESS) Mrs Jessy Conner Chilhowee Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville Cem DATE 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilhissin Clayton Mo

20. FILED 6-27-42 19 Mr. O. S. Cook Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1942
 22. I HEREBY CERTIFY, That I attended deceased from June 22, 1942 to June 26, 1942
 I last saw her alive on June 26, 1942 Death is said to have occurred on the date stated above, at Chilhowee.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset June 21

Other contributory causes of importance:

Broken femur for past two years. Unable to walk.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) E. N. Robinson D. O.
Chilhowee (Address)

RECEIVED

District Health Officer No. 8,

District File Number.....

Case File 7-20-42

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton, N

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, above space should be left blank.