

FILED AUG 14 1942

24682

V. S. No. 2
M-11-10-39
ev. 5-17-39
I X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 469776Primary Registration District No. 4278Registrar's No. 61

1. PLACE OF DEATH:

(a) County Lawrence
 (b) City or town Miller Mo. R.R.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community all her life (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAME Ethel Gayer3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, 2 divorced widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years

7. Birth date of deceased. 3 - 7 - 1886
(Month) (Day) (Year)8. AGE: Years 56 Months 3 Days 26 If less than one day
hr. _____ min.9. Birthplace Lawrence Co. Mo. O.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Robert y. Whittenburg
 13. Birthplace Greene Co. Mo. O.
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Bann
 15. Birthplace Jackson Co. Ind. I
 (City, town, or county) (State or foreign country)

16. (a) Informant Loretta Heaton(b) Address Miller Mo.17. (a) Burial (b) Date thereof 3-5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation shilo18. (a) Signature of funeral director Mary E. Luman(b) Address Miller Mo.19. (a) August 42 (b) Anna Whorney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
 (c) City or town Miller Mo. R.R.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1942 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from
July 2nd 1942 to July 2nd 1942
that I last saw her alive on July 2nd 1942
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Pectoria
Duration sudden

Due to _____

Due to _____ 946Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 L. J. Holmes M.D. (M. D. or other) _____Address Miller Mo. Date signed July 3rd 42

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

55
0
0

RECEIVED

District Health Officer No. 6,

District File Number 842-1235

Date Filed AUG 13 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 S. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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, above space should be left blank.