

FILED SEP 11 1942

Registration District No. 374

Primary Registration District No. 62934549

Registrar's No.

1. PLACE OF DEATH:

(a) County North

(b) City or town Grant city Mo
(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 years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North 113

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

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

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

3. (a) PRINT FULL NAME Ethel B Willhite

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

4. Sex F 1. Color or race W 6. (a) Single, married, divorced Married

6. (b) Name of husband or wife Dr. Clark Willhite 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 15 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>16</u>	hr. min.

9. Birthplace North County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business.....

12. Name Merritt S Willhite

13. Birthplace Grant city Mo
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte M. Willhite

15. Birthplace Township Union Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant: Dr. Clark Willhite

(b) Address Grant city Mo

17. (a) Burial (b) Date there Aug 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant city Mo

18. (a) Signature of funeral director John Andrews

(b) Address Grant city Mo

19. (a) Aug 5 1942 (b) Arlene Seal
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1942 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 30th 19 42 to July 31st 19 42
that I last saw her alive on July 31st 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation Heart Acute
Duration Few Hrs.

Due to Do not know

Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: 95c
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)
..... (c) Means of injury

23. Signature E B Willhite (M. D. XXXX)
Address Grant City, Mo. Date signed Aug. 5th.

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

113
1
0

1104

Ethel B. Williams

March

On Grant Williams

North County Missouri

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

John Andrews Jr.

Registered Apprentice No.

working under my personal supervision.

Signed

John Andrews Jr.

Licensed Embalmer No. 4211

P.O. Address

Grant City 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.