

WARRANT FOR ARREST - USE CARRYING DEATH IN - MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33153

State File No. _____

Registration District No. 32

Primary Registration District No. 5112

Registrar's No. 15

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Rural Laramie
(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 Several years years, months or days

3. (a) PRINT FULL NAME Mary Whittenburg
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 26 (Month) 1854 (Day) (Year)

8. AGE: Years 88 Months 09 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Unknown (City, town, or county) (State or foreign country) 9

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant's own signature Marion McDaniel
(b) Address Ellen Allen, Mo.
17. (a) Burial (b) Date thereof 10-17-42 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Myers

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Luttwille, Mo.
19. (a) 10/22/42 (b) Mrs. Geneva Graham (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Bollinger
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Near Glen Allen (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 16 year 1942 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from 10/13/42, 1942, to 10/13/42, 1942, that I last saw her alive on 10/13/42, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Due to Cirrhosis of Liver
Due to _____

Other conditions (Include pregnancy within 3 months of death) 1246

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) (a) Means of injury _____
23. Signature John J. Myers (M. D. or other)
Address St. Louis, Mo. Date signed 10/22/42

RECEIVED

Health Officer No. 3

File Number 1142-1341

Filed 11-6-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.